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REPORT

OF THE

CITY MEDICAL OFFICER
CITY OF DUBLIN

FOR THE YEAR 1955

BY

JOHN B. O'REGAN B.Sc., M.D., D.P.H.
City Medical Officer.

SEEN BY THE
MEDICAL OFFICER

DUBLIN:
PRINTED BY SEALY, BRYERS & WALKER
1956

MEDICAL OFFICER [illegible]
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PREFACE

Municipal Buildings,
Dublin.

J. P. Keane, Esq.,
City Manager and Town Clerk.

I have the honour to present the Annual Report on the health of the City of Dublin during the year 1955.

The information and figures required to complete this Report cannot be obtained until late in the first half of the following year. Dr. J. A. Harbison retired from the position of City Medical Officer on February 29th, 1956, and therefore this is, strictly speaking, his Annual Report but presented by me. For this reason I have made only a few explanatory remarks in the preface.

Vital Statistics.

	1954	1955
Population	522,183	522,183
Births Registered ...	16,452	17,183
Births assigned to mothers resident in the County Borough	12,988	12,661
Birth Rate	24.9	24.2
Deaths (all causes) ..	5,420	5,801
Death Rate (per 1,000 of population)	10.4	11.1
Infant Deaths	449	435
Infant Mortality Rate (Deaths of infants under 1 year per 1,000 live births)	35	34
Neo-Natal Mortality Rate (Deaths of infants under 1 month per 1,000 live births)	23	21

	1954	1955
Deaths from Principal Epidemic Diseases ...	31	94
Death Rate from Principal Epidemic Diseases ...	0.06	0.18
Deaths from Tuberculosis (all forms)	236	154
Death Rate from Tuberculosis (all forms) per 10,000 population ...	4.5	2.9
Deaths from Tuberculosis (Pulmonary) ...	208	141
Death Rate from Tuberculosis (Pulmonary) per 10,000 population ...	4.0	2.7
Deaths from Cancer ...	823	918
Death Rate from Cancer	1.58	1.75
Stillbirths Notified ...	576	483

The death rate shows an increase of 0.7 on last year's figure. Although there was a significant saving in deaths from Tuberculosis, this was outweighed by a greater increase in deaths from Cancer. Deaths from Pneumonia increased by nearly a quarter, and the increase due to other diseases of the respiratory system included many from Influenza.

The Borough boundary has been extended since 1953, but the Vital Statistics have been calculated on the population of the City for that year. We know that at the end of 1955 it was approximately 538,000, so that all the rates are a little more favourable than they appear to be.

The Infant Mortality Rate was commented on very fully in last year's Report. It remains only to emphasise again that too many infants are dying from respiratory infections, and it is hoped that more efficient ante-natal care will influence favourably the problem of prematurity. This year's rate is slightly better than that of 1954, but at least one hundred babies a year will need to be saved before the situation can be regarded as satisfactory.

To face page 6.

Table No. I—Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1926—1955.

	Annual Rate of Mortality		Total Deaths	Deaths under One Year	Infant Mortality Rate	Typhus	Typhoid	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhoeal Diseases	Dysentery	Tuberculosis		Cancer	Pneumonia	Diseases of Respiratory System
	From all Causes	From Principal Epidemic Diseases												Pulmonary	Other Forms			
1926 ...	15·8	1·5	4,999	1,049	118	1	5	54	20	37	54	291	—	424	150	332	406	658
1927 ...	17·1	1·5	5,416	996	122	1	5	61	2	197	60	144	1	533	123	328	650	758
1928 ...	15·0	1·3	4,791	845	103	—	3	171	9	15	44	174	2	466	112	368	391	566
1929 ...	16·0	1·0	5,103	866	107	1	1	3	8	83	56	159	—	443	113	353	520	864
1930 ...	15·0	0·9	6,161	1,031	98	—	1	86	7	66	77	151	—	586	162	471	606	787
1931 ...	15·9	1·2	6,562	977	94	—	4	223	19	31	72	144	—	617	197	439	773	828
1932 ...	15·6	1·1	6,536	1,067	102	—	14	42	24	121	82	190	2	551	144	484	638	890
1933 ...	15·3	0·9	6,405	891	83	—	9	72	9	42	110	152	—	584	157	478	696	851
1934 ...	13·6	0·7	5,748	578	79	—	11	11	4	88	76	124	—	570	144	544	521	491
1935 ...	15·2	1·0	6,506	1,067	93	—	2	87	18	18	89	203	—	565	164	527	665	703
1936 ...	15·0	1·3	6,996	1,337	115	—	11	90	66	57	110	254	—	602	137	540	662	754
1937 ...	14·9	1·0	7,023	1,231	106	—	1	46	26	73	84	242	—	565	156	563	656	891
1938 ...	13·3	0·8	6,355	1,144	98	—	2	37	22	33	92	214	—	558	135	581	586	550
1939 ...	13·3	0·8	6,403	1,036	90	—	7	51	5	26	84	209	—	568	148	585	431	601
1940 ...	14·5	0·7	7,065	1,039	92	—	3	23	7	43	56	233	—	636	153	584	457	785
1941 ...	14·1	1·3	6,903	1,339	118	—	4	32	5	38	54	506	—	610	151	582	368	555
1942 ...	14·0	1·3	6,855	1,311	105	—	6	17	6	72	56	465	—	762	162	626	374	434
1943 ...	14·5	1·5	7,268	1,617	128	—	3	5	7	63	84	609	—	733	174	631	385	453
1944 ...	14·1	1·3	7,141	1,509	125	—	8	47	—	39	74	513	1	604	195	643	406	451
1945 ...	14·0	1·3	7,036	1,424	114	—	3	5	—	30	36	557	5	643	181	622	381	396
1946 ...	13·2	1·0	6,690	1,266	96	—	2	13	—	43	13	461	—	594	176	602	338	349
1947 ...	14·1	0·8	7,253	1,194	88	—	—	22	—	120	5	282	1	651	193	648	448	436
1948 ...	10·9	0·2	5,660	624	48	—	2	12	2	16	1	80	4	573	117	666	247	277
1949 ...	11·3	0·4	5,969	828	65	—	1	18	4	47	—	132	—	455	86	731	326	311
1950 ...	11·0	0·15	5,894	609	48	—	—	19	2	15	1	41	—	390	96	707	258	296
1951 ...	11·9	0·09	6,219	575	45	—	—	10	—	16	—	22	—	367	67	728	333	311
1952 ...	10·1	0·07	5,261	439	34	—	—	9	2	4	—	19	—	259	48	743	236	344
1953 ...	10·0	0·09	5,219	484	39	—	—	11	1	12	—	28	—	234	34	796	224	322
1954 ...	10·4	0·06	5,420	449	35	—	—	11	—	2	4	24	—	208	28	823	228	321
1955 ...	9·9	0·18	5,801	435	34	—	—	5	—	7	13	24	—	141	13	918	284	471

INFECTIOUS DISEASES :

Diphtheria returned to the City in 1954 and last year there were 65 cases with 13 deaths. Numbers of parents had neglected to have their children immunised, and these susceptible children added fuel to the epidemic fire. Special efforts were made by the Health Visitors to increase the attendances at the Immunisation Clinics; there were Press advertisements and Radio talks. The numbers, however, who attended did not substantially differ from those of 1954. Apathy and carelessness on the part of some parents have not been overcome; even amongst those who have the example of the illness and sometimes death of their neighbours' children before them, the old attitudes continue.

Fifty of the sixty-five cases were not immunised. Seven had got one injection only and six had been fully immunised, three many years before and three in 1950, 1952 and 1954 who should have had reasonable protection.

Our experience of Poliomyelitis as an epidemic disease could be said to have begun in 1942. In that year there were 53 cases, and in the subsequent high incidence years of 1947, 1950 and 1953 there were 28, 51 and 28 cases respectively. In low incidence years between 12 and 18 cases may be expected; there were 20 in 1954 and 25 in 1955. The type of the disease was unusually severe. There was considerable residual paralysis and 2 deaths were recorded in 1955.

TUBERCULOSIS :

There was a significant fall in the death rate from all forms of Tuberculosis. The combined rate is now 29 per 100,000. Although there is a natural decline in the epidemic, the full effects of modern treatment in Sanatoria, both medical and surgical, are now being felt. There were 154 death from all forms of the disease in 1955 compared with 236, 268, 307 and 434 in the four previous years. The decrease in the non-pulmonary death rate to 2 per 100,000 is largely due to segregation in Sanatoria of the index case, and to the B.C.G. vaccination of contacts, newborns and school-leavers.

It is most important that school-leavers should be tested and vaccinated. A tuberculin-negative adolescent or young adult is in grave danger of having insufficient resistance to tuberculous infection. The acceptance rate in schools for the testing of school-leavers is low compared with that obtaining in the rural areas, where 95% to 100% is common compared with little more than 50% in Dublin.

HOUSING :

The Central City Survey of housing conditions was not completed until March of 1956, and it was followed by a selective Survey of the suburbs. Reports on both Surveys are not expected until late in 1956, and they will be given in detail in next year's Report.

ACCOMMODATION PROVIDED—YEAR 1955

	1R	2R	3R	4R	5R	Total
Cottages :						
St. Anne's ...	—	—	—	—	286	286
Ballyfermot Sec. IV	—	—	114	420	46	580
Wilkinstown ...	—	—	4	36	—	40
Rathfarnham ...	—	—	—	—	26	26
Finglas West ...	—	—	6	28	—	34
Total Cottages ...	—	—	124	484	358	966
Flats :						
Dolphin's Barn ...	—	22	22	16	—	60
O'Devany Gardens	—	8	16	40	—	64
Thorncastle Street	—	48	64	—	—	112
Captain's Lane ...	16	—	—	—	—	16
Donnybrook ...	16	—	—	—	—	16
Total Flats ...	32	78	102	56	—	268
Reconditioning :						
Meath St./South Earl Street ...	4	25	12	—	—	41
Summerhill ...	1	4	3	12	—	20
Total Reconditioning	5	29	15	12	—	61
GROSS TOTALS	37	107	241	552	358	1,295

Total No. of Dwellings provided by Dublin Corporation to 31/12/55 :— 37,889.

SANITARY SERVICES :

The special attention of the Health Inspectorate staff was given to the completion of the survey of food premises, education of food workers, and further advances were achieved in the education of owners and employees in hygienic methods of handling food. The Health Inspectors have maintained their high standard of work in their routine duties. A special commendation must be made to them for the effective handling of the continued nuisances arising from the condition of some of the tenanted house property in the City.

GENERAL :

The detailed activities of the various Services are set out under their respective divisions. I take this opportunity of expressing my sincere thanks to all those who have contributed to the various sections of this Report.

JOHN B. O'REGAN,
City Medical Officer.

MATERNITY AND CHILD WELFARE.

During the year 1955, thirty-two Child Welfare Clinics were held in various Centres, each week, throughout the City and the home visiting of children was continued. Owing to the increased incidence of illness in the late Summer and Autumn, special visiting of all children under one year of age was undertaken, with particular attention to the Areas where the highest number of cases of illness in children appeared to be occurring. Diphtheria made an unwelcome reappearance last year, despite the special Immunisation drive in the Spring of 1954 and the constant reminders by the Doctors and Nurses to take babies to one of the many Immunisation Centres in the City and Suburbs. Following on the wireless announcement in November, the general public realised that Diphtheria, in a severe form, was actually in the City and that fatalities were occurring. So there was an immediate response to the broadcast.

The General Practitioners Maternity Service (Health Act) was in operation last year. Doctors and Midwives, whose names appeared on the list of the Health Authority, undertook the ante-natal and prenatal care of women as well as attendance at the confinement. The Doctors also undertook the medical care of the infants up to the age of six weeks. The three Maternity Hospitals and the Maternity Unit of St. Kevin's Hospital continued the excellent service given to mothers and infants in the City, and the Paediatric Section of the Rotunda, Coombe and Holles Street Hospitals continued the Neo-Natal Paediatric Service which has been such an outstanding feature of child care in Dublin since its establishment.

St. Clare's Hospital, Ballymun, has played its usual very important part in the scheme for dealing with illness in infancy and childhood and during the Autumn when the incidence of sickness was high, the work of St. Clare's and the Infectious Disease Hospitals at Vergemount and Cherry Orchard was of inestimable value.

Table No. II—Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1926—1955.

	Typhus.	Typhoid.	Diphtheria.	Scarlet Fever.	Cerebro-Spinal Fever.	Continued Fever.	Encephalitis Lethargica.	Erysipelas.	Ophthalmia Neonatorum.	Pneumonia.	Puerperal Sepsis.	Dysentery.	Malaria.	Diarrhoea and Enteritis.	Measles.	Whooping Cough.	Acute Anterior Poliomyelitis.	Trachoma.	Penphigus Neonatorum.
1926 ...	1	28	475	614	—	1	·	79	2	230	8	—	—	·	·	·	—	·	·
1927 ...	1	26	440	386	—	2	·	59	7	246	2	1	—	·	·	·	—	·	·
1928 ...	4	24	407	638	—	8	—	73	7	201	8	—	—	·	·	·	—	·	·
1929 ...	1	15	500	430	3	7	—	55	6	256	11	—	1	·	·	·	—	·	·
1930 ...	—	28	646	435	4	6	6	31	—	334	5	—	—	·	·	·	—	·	·
1931 ...	—	26	634	1,015	3	—	5	55	—	289	10	—	—	·	·	·	—	·	·
1932 ...	2	96	862	1,082	8	1	1	105	1	253	12	—	—	·	·	·	—	·	·
1933 ...	—	49	1,073	714	6	—	5	117	—	196	12	—	—	·	·	·	—	·	
1934 ...	—	38	983	661	15	1	1	128	—	134	15	—	—	·	·	·	—	·	·
1935 ...	—	22	936	907	19	—	—	158	—	135	23	—	—	·	·	·	2	·	·
1936 ...	—	53	870	1,768	33	—	3	188	1	120	18	—	—	·	·	·	2	·	·
1937 ...	—	44	810	1,075	38	—	2	130	—	156	13	1	—	·	·	·	—	·	·
1938 ...	—	19	958	1,154	25	—	6	148	2	136	15	—	—	·	·	·	—	·	·
1939 ...	—	27	913	761	13	—	4	85	1	151	16	3	1	·	·	·	3	·	·
1940 ...	—	65	720	627	27	—	3	94	11	200	13	1	—	·	·	·	1	·	·
1941 ...	—	53	451	511	34	—	3	117	12	213	18	—	—	·	975	428	8	100	3
1942 ...	—	33	624	678	33	—	2	130	13	358	22	1	1	2,657	1,427	1,423	53	42	1
1943 ...	—	23	1,351	658	38	—	2	163	7	346	15	2	—	2,031	419	586	7	64	1
1944 ...	—	*148	1,330	355	50	1	6	212	3	448	17	8	1	1,279	3,548	1,267	3	47	—
1945 ...	—	14	861	303	20	—	8	207	10	452	14	28	1	1,837	2,112	1,275	19	48	—
1946 ...	—	15	403	341	6	—	1	205	5	767	12	8	—	1,853	798	1,288	21	15	1
1947 ...	—	10	185	476	32	1	—	200	6	633	9	8	1	1,868	3,440	2,293	28	22	—
1948 ...	—	10	98	2,728	33	—	1	219	8	663	9	13	1	1,175	1,558	851	5	9	2
1949 ...	—	1	21	2,601	40	—	—	159	6	621	6	17	—	2,217	3,478	2,512	18	2	1
1950 ...	—	4	4	1,686	32	—	3	181	4	·	2	9	—	625	2,768	1,894	51	8	1
1951 ...	—	—	5	695	32	—	3	129	11	·	3	14	—	930	2,618	1,405	15	5	—
1952 ...	—	—	2	458	33	—	3	133	3	·	7	27	1	623	3,514	2,063	10	10	—
1953 ...	—	—	—	620	25	—	1	118	2	·	6	22	—	908	3,443	2,203	28	2	—
1954 ...	—	4	17	532	22	—	—	80	—	—	3	39	—	459	3,847	419	20	—	—
1955 ...	—	1	64	393	16	—	—	70	—	—	2	41	—	973	3,628	1,699	25	—	—

Dot (·) indicates that the disease in question was not notifiable in that particular year.
* Includes 83 cases Paratyphoid Fever B.

MORBIDITY :

The Summer of 1955 will be remembered by holidaymakers and farmers in Ireland as a welcome contrast from 1954, but the sunshine and heat did not make for the easy or safe handling and keeping of milk and perishable foodstuffs, especially in the overcrowded city areas. The fly menace adds enormously to the difficulties especially in tenements where a rigid standard of hygiene is almost an impossibility. The cult of sunshine has become so much a part of modern life that counsel of moderation is apt to be ignored. Far too many infants and young children are seen during a heat wave suffering from the ill effects, local and general, of unprotected exposure to the sun. Radio warnings of the possible dangers of severe sunburn and constitutional upsets certainly were a great help in this matter, yet people continue to be determined to get as much sun as possible, come what may. There is a danger in placing a baby to sleep in an uncovered perambulator or cot in the sun. There is the necessity to alter the position of the perambulator or cot away from the direct rays of the sun if severe sunburn or constitutional upsets are to be avoided.

The consumption of ready-cooked meat, pies, etc., is less common in Dublin than in England, so there is a relatively lower incidence of summer illness attributable to this cause. There was, however, an increase in the amount of illness in the child population of the City during the months of August, September and October of 1955 as compared with the recent previous years; this was associated with the unusually hot, dry Summer and early Autumn. A table is included in this report showing the numbers and kinds of illnesses in children during this period. In this connection we offer our most sincere thanks to the Staffs of Temple Street, Harcourt Street and St. Ultan's Children's Hospitals for their most assiduous attention to these children, as indeed is the tradition of all the City Hospitals.

In London a virus pneumonia was reported in children during the last thre months of 1954. The outbreak, however, was not confined to children and spread within the family was common.

Enquiries were made by the Nurses who visited the homes of every case of Diarrhoea and Vomiting in young children reported during the Autumn of 1955 in Dublin as to the incidence of illness in adults in the families. The information received was that there had been a transitory attack of Gastro-Intestinal upset or head-cold.

The consumption of dried milk in children served by the Child Welfare Department fell by seven times during the year 1955, and the distribution of highest grade, tubercle-free bottled milk increased proportionately. Mothers were enjoined to safeguard this milk from contamination in the home and instructed in the care of feeding utensils for infants and children.

The staff of the Disinfestation Department were active in combating the fly menace, and D.D.T. was distributed at Dispensaries in the City. Modern antibiotics and the improved housing conditions in Dublin have banished the terrors of the Gastro-Enteritis of the 20's and 30's. The Infantile Mortality Rate for the year 1955 was 34, as compared with 93 in the year 1935.

NUTRITION :

The need for prompt and thorough washing of milk bottles when their contents have been used is, however, a vital necessity. Dregs of milk remaining in the bottle or adhering to the sides constitute a breeding ground for germs, and this is a matter which is sometimes overlooked in the home. It is of little use to provide highest grade, tubercle-free bottled milk to babies and young children unless the general public is careful about the cleansing of milk bottles after use and their prompt return to the Supplier. The decline in breast feeding which continues gives cause for some anxiety, and the provision of free ante-natal and post-natal milk, as well as dinners in Centres in the City, has not led to the increase in the number of breast-fed babies that was anticipated.

PROPHYLAXIS :

It is relatively rare to see children nowadays who have been vaccinated against Smallpox. Thanks to the efforts of the B.C.G. Service, however, many children have now been protected against Tuberculosis in infancy. The 1950's will be remembered for the decline in Meningitis and other manifestations of tuberculous infection in children—a welcome contrast to conditions in the 1920's.

HOUSING :

Houses in the outskirts of the City, and flats in the City itself continue to be provided for families during the past year. This rehousing of the population which has now been going on for many years, has been the greatest single factor in reducing Infantile Mortality and improving child health in the City. Despite the inconvenience which is inevitable for the residents of new houses in outlying areas, the conditions are vastly better from a health viewpoint than the old insanitary, overcrowded tenement dwellings. Reading evidence given at Housing Enquiries by the late Dr. Russell (R.I.P.), Medical Officer of Health for Dublin, one is appalled at his account of the conditions under which so many families were compelled to live some thirty years ago. In the 1930's Dr. Russell was able to record that the death rate in the old City Area had fallen from 22 to 15 per thousand and that the Infantile Mortality Rate had been reduced from 157. From the time the general schemes for houses and flats began in the 1930's conditions have improved proportionately with this progress.

NURSING STAFF :

The Home Visiting carried out by the Nursing Staff of a Child Welfare Department is the keystone of a scheme for safeguarding child health. The Nurses are allocated to various districts in the City, and the parents and children come to know them, to look to them for advice and help and to trust them. The way in which the Nurses do this work causes the least possible upset in the homes, and consequently they are welcome in nearly every case and their advice sought. The reply given by a husband to an anxious mother " sure the nurse will be coming to-morrow and she will tell you what do to about the child " is testimony of the reliance placed on the Home Visitor and shows that they have now become an accepted feature of modern life. The Nurses assist at the Child Welfare clinics held in the various Centres in the City as well as at Ear, Nose and Throat, Orthopaedic and Ultra Violet Light Clinics and Dental Clinics. They undertake the home visiting of cases suffering from the sequelae of Anterior Poliomyelitis, and they supervise trachoma—cases and contacts—in their own homes. The Nurses also carry out Moro-testing of infants and refer positive reactors for further investigation. The parents of negative reactors are advised to have B.C.G. protection for their babies. One is impressed by the gentleness and cheerfulness of the Nurses on duty, even in the busiest Child Welfare Clinic. It speaks volumes for the general standard of their work, that the changeover from the old conditions of the Maternity and Child Welfare Act (1918) to the requirements of the Health Act, 1954, was accomplished with so little upset.

Tables at the end of this report give an indication of the work done at Child Welfare Clinics and the Home Visiting as well as the numbers of children admitted to Hospitals, Open-Air Hospitals, Special Treatment Centres and Convalescent Homes during the year 1955.

REPORTS :

The records of the year's work sent us by the Paediatricians attached to the three Maternity Hospitals and by the Resident Medical Officer, St. Clare's Hospital for Sick Infants and Children under two years of age, are included in the record of the year's work. We gratefully acknowledge the receipt of these reports and thank most sincerely the Masters of the Maternity Hospitals and the Paediatricians, also the

Resident and Visiting Staff of St. Clare's Hospital, all of whom have contributed so largely to the decline in the death rate of mothers and babies and to the improvement in health.

VOLUNTARY ORGANISATIONS :

We thank very specially all the Voluntary Services in Dublin which have helped mothers and children, spiritually, psychologically and materially. The demands made upon them each year continue to increase, yet they meet them all generously and courteously. Our debt of gratitude to the City Hospitals and to all the various societies which have done such excellent work throughout the year is gratefully acknowledged. To Dr. Harbison, City Medical Officer, and to all the various branches of the Corporation Service, who have helped us throughout the year and in particular to the Doctors, Nurses and Clerical Staff of the Child Welfare Department, we offer our warmest thanks.

CATHERINE O'BRIEN,
M.B., D.P.H., B.SC. (P.H.)

PRE-NATAL CARE AT CITY MATERNITY HOSPITALS :

Hospital	No. of Patients	No. of Attendances
Coombe Lying-in	—	20,000
National Maternity, Holles Street ...	2,909	15,882
Rotunda ...	5,434	36,683
St. Kevins ...	497	1,458

BIRTHS—CITY MATERNITY HOSPITALS :

No. of deliveries—Intern	11,976
No. of deliveries—Extern	2,926
No. of Maternal Deaths—Intern ...	11
No. of Maternal Deaths—Extern ...	1

Maternal Death Rate per 1,000	
—Intern	.918
—Extern	.34
No. of Infant Deaths—Intern	540
No. of Infant Deaths—Extern	76

NOTIFICATION OF BIRTHS :

No. of Infants visited by Public Health Nurses	11,881

HOME VISITING BY PUBLIC HEALTH NURSES :

Total No. of mothers, infants and children under 6 years of age on Public Health Nurses' Registers	82,591

Average No. of Families etc., on each Public Health Nurse's Register on 31st December, 1955, excluding families in Districts of Baldoyle and Howth :

Families	625
Infants	222
Children	891
Total No. of visits to Mothers, Infants and Children	304,477
No. of special visits	3,364
No. of Measles cases visited	2,692
No. of Pertussis cases visited	3,276
No. of Stillbirths visited	193

CHILD WELFARE CLINICS.

1,560 Clinics were held during the year, at which the total numbers of attendances were :—

Mothers	55,794
Infants	28,241
Children	38,938

The number of Medical Consultations at these Clinics was :—

Mothers	35,584
Infants	21,883
Children	29,987

SPECIALISTS CLINICS.

Orthopaedic Clinics :—

No. of sessions	45
No. of attendances	
(*a*) Pre-School Children	133
(*b*) Post-Poliomyelitis Cases ...	401

Ear, Nose and Throat Clinics :—

No. of Sessions	199
No. of attendances by pre-school children	1,200

ULTRA VIOLET LIGHT CLINICS.

243 Sessions for the treatment of children suffering from Rickets or Debility were held during the year—176 Sessions at Carnegie Centre, 67 Sessions at St. Joseph's, Killarney Street.

The number of attendances was :—

Carnegie Centre ...	2,037
St. Joseph's, Killarney St. ...	971

ANTI-DIPHTHERIA & WHOOPING COUGH IMMUNISATION CLINICS :—

	Under 1 Year		1 to 5 Years		5 Years and Over	
	D.P.P.	P.T.A.P.	D.P.P.	P.T.A.P.	D.P.P.	P.T.A.P.
Number of children whose course of immunisation was completed during 1955	2,295	60	1,879	424	—	1,683
Number of Booster Injections ...	—	—	—	—	—	3,540
Number of Children who received Vaccine	—	—	Pertussis "s" Vaccine 79	—	—	—

"MORO" TESTS.

No. of children "Moro" tested ...	9,277
No. of children "Moro" positive ...	125
No. who received B.C.G. vaccinations	1,550

Trachoma Cases.

Notifications	—
Active	11
Contact	77
Suspect	—
Quiescent	24
Attending Hospital for treatment	25
Unable to attend	1
Refusal to attend	3
Discharged	8

Treatment of Sequelae of Anterior Poliomyelitis (all ages) :—

Total No. of cases being treated	247
Total No. of cases seen at Orthopaedic Clinic here	401
Total No. of visits at home by Nurses from this Department	1,080
Total No. of cases treated at Central Remedial Clinic	48
Total No. of cases treated at Hospitals' Out Patients' Departments	47
Total No. of cases treated *in* Hospital (Intern)	51

INVESTIGATION INTO ILLNESS IN DUBLIN CITY CHILDREN UNDER ONE YEAR OF AGE DURING THE PERIOD AUGUST, SEPTEMBER, OCTOBER, 1955.

Week Ending	Notifications of Cases of Gastro-Enteritis under 2 years† See footnote	Deaths from Gastro-Enteritis under 2 years	Total Number of Deaths under 1 year	CAUSES OF DEATH	
				B. Pneumonia	Causes other than Gastro-Enteritis
20/8/'55	22	Nil	3	Nil	3
27/8/'55	38	Nil	9	2	7
3/9/'55	133	2	4	—	2
10/9/'55	74	1	20	2	17
*17/9/'55	71	2	6	—	4
24/9/'55	79	4	9	1	4
1/10/'55	58	1	12	5	6
8/10/'55	45	2	6	—	4
15/10/'55	30	1	9	—	8
22/10/'55	37	—	10	4	6
29/10/'55	30	2	7	1	4

* There were 19 Cases of Infectious Hepatitis notified during the period from 17/9/55—29/10/55. There were 2 cases of Weils Disease and 3 Cases of Dysentry notified during the same period.

† The incidence of Whooping Cough, Measles, Chicken Pox, Mumps, and Scarlet Fever was high during the last six months of 1955.

HOSPITAL TREATMENT.

Hereunder are particulars of the number of children who received Intern Treatment :—

Medical :—

Heart and Lungs :—

Cardiac Disease	2
Bronchoscopy—Aspiration ...	1
Examination	2

General :—

Rheumatism (cardiac involvement)	2
Anaemia	16
Coeliac Disease	18
Helminthiasis	4
Pyelitis	1
Fibrocystic Disease	2
Erythema Nodosum	1
Observation and Investigation (including Melaena 1 and Haematuria 1)	9

Surgical :—

Phimosis	92
Hernia	29
Tongue Tie	3
Umbilical Fistula	1
Cyst	6
Cleft Uvula	1
Abscess	1
Meningocele	1
Papilloma Rectum	2

Orthopaedic :—

Club Feet	27
Congenital Dislocation of Hip ...	23
Spina Bifida	1
Sprengel's Deformity	1
Congenital Absence both arms ...	1

Torticollis	6
Webbed Fingers	4
Kohler's Disease	1
Congenital Amyotonia	1
Perthes Disease	8
Genu Valgum	6
Pes Planus	2
Sequlae of Poliomyelitis	6
Spastic Paralysis	8
Neurone Lesion	2
Osteomyelitis	1
Orthopaedic (Extern) :—	
Treatments :—	
Physiotherapy Treatments	329
Manipulation Treatments	605
X-Ray Examinations	79
Eye (Intern) :—	
Strabismus	35
Cataract	7
Conjunctivitis	1
Ptosis	2
Ear, Nose & Throat (Intern) :—	
Enlarged Tonsils and Adenoids	486
Sinusitus	3
C.S.O.M.	3
Mastoid	3
Nasal Obstruction	1
Epistaxis	2
Skin (Intern) :—	
Naevus	6
Eczema	2
Impetigo	1
Congenital Defects (Intern) :—	
Cleft Palate	11
Harelip	7
Congenital Heart	2
Hirschsprung's Disease	1
Dwarfism	1
Microcephaly	1

Cerebral Palsy :—

Children admitted to Carrickbrae	8
Number who attended at Cerebral Palsy Clinic	50
Total number of attendances at Cerebral Palsy Clinic	2,950

CONVALESCENT HOME TREATMENT.

288 children who were suffering from malnutrition, debility etc., and in need of a period in Convalescent Home were admitted during the year to the various Institutions approved under the Scheme.

APPLIANCES FOR CHILDREN.

No. of Orthopaedic Appliances, supplied, renewed and repaired	454
No. of Spectacles supplied to children under 6 years of age who attend Child Welfare Clinics	370
No. of Repairs to Spectacles	185
No. of Occluders supplied	27
No. of Artificial Eyes supplied	1

FREE MILK SCHEME.

No. of pints of milk supplied to children under 5 years of age ...	1,905,755
No. of pints of milk supplied to Expectant Mothers	81,282
No. of Expectant Mothers who received milk	1,140
Quantity of Dried Milk distributed to children under 6 months	2,812 1-lb. packets

CATHOLIC SOCIAL SERVICE CONFERENCE.

No. of meals supplied to Expectant and Nursing Mothers	151,533
No. of pints of milk supplied to Expectant and Nursing Mothers	148,980
No. of Mothers carried to Maternity Hospitals by Ambulance Service	460
Average No. of Mothers on Roll ...	620

DENTAL SERVICE.

In the year 1955, there were, up to the month of July, eleven Dental Surgeons working in the Dental Services of the Dublin Corporation. In July when a new Dental Clinic was opened in Larkhill, another Dental Surgeon was added to the Staff. This brought the total up to twelve, eleven of whom were doing School, Pre-School children and mothers, and one Dental Surgeon doing T.B. work.

All clinics continue to be well attended, the time available from broken appointments being filled by casual attendances. In the main Centre, which is the Dental Clinic, Cornmarket, there are five Dental Surgeons working, the remaining are working in the following Clinics :—Killarney Street, Keogh Square, Curlew Road, Crumlin, Larkhill and Howth. The Dental Surgeon doing T.B. work attends St. Mary's, Ballyowen, Blanchardstown, Crooksling Sanatoria and also the T.B. Clinic in Charles Street.

Dental Treatment	Mothers	Pre-School Children	School Children
Attendances	6,943	422	25,714
Extractions :			
Local Anaesthetic	4,994	202	28,173
General Anaesthetic	3,951	6,144	18,107
Fillings	557	19	10,555
Scalings and Dressings	1,541	249	6,610
Examinations	2,163	1,297	11,583
X-Ray	15	—	115
Dentures Supplied	1,436	—	—

The number of attendances for mothers for this year is 7,881. While this shows a decrease on last year, I am glad to say that the amount of work has increased. The total number of dentures supplied in 1954 was 1,083 and the total number supplied in 1955 was 1,436. The fillings have shown a small increase on last year.

The number of Pre-School Children has increased, the total number being 1,884. We welcome this advance, as it affords the Dental Staff opportunities of giving treatment to children at a very important age and also the opportunity of advising mothers.

The number of attendances of School Children in 1954 was 34,956. In 1955, this number increased by 5,000, bringing the total up to 40,127. The number of fillings done went up from 5,467 in 1954 to 10,555 in 1955. This is very satisfactory as it shows that the total number of fillings done this year was almost double that of last year.

From the beginning Larkhill Clinic was well attended. Soon after it opened an extra General Anaesthetic session was put into operation in Cornmarket to accommodate children attending Larkhill Clinic who required General Anaesthetics. This brings the number of G.A. sessions each week up to nine—six morning sessions and one afternoon session in Cornmarket and two afternoon sessions in Old County Road Clinic. There is an average attendance of 14 patients at each session. Larkhill also supply dentures for mothers living in its area.

In addition to giving the usual treatment to Schoolchildren and Mothers, the Dental Surgeon in Curlew Road supplies dentures, not only to his own patients but also to those referred to him from the Clinic in Old County Road. I am hoping in the near future, that the Dental Surgeons in Old County Road Clinic will be also supplying dentures. This will be of still further advantage to mothers living in the Crumlin area, as it will save time and bus fares.

Up to November, 1955, there were two half-day sessions held in Howth each week, when it was decided to reduce these sessions to one per week.

The Killarney Street Dental Clinic is working well. In view of the fact that it is situated in such a densely populated area, it is only able to attend to a portion of those requiring treatment, with the result that a great number have to wait a considerable time before receiving treatment. Additional Dental Clinics are consequently urgently needed in the north side of the City to overcome this difficulty and I hope in the near future to see some established.

I would like to thank the Dental Surgeons, Anaesthetists, Nurses and all the staff of the Dental Service for their loyal co-operation during a busy year.

G. HYLAND,

Chief Dental Officer.

St. Clare's Hospital.

This is the sixth Annual Report of St. Clare's Hospital, covering a period of twelve months from January to December, 1955.

During this period there were 898 admissions—showing a marked increase on previous years—there were 770 admissions in 1954 and 761 in 1953. The Mortality rate was 1.7%, as compared with 3.3% in 1954 and 1.8% in 1953. There were 16 deaths, and of these, 6 died within twenty-four hours of admission. Three Post-Mortems were performed.

Cases were referred for admission from the Child Welfare Clinics, the Children's Hospitals and Out-Patients' Department, Maternity Hospitals' Paediatric Units, Dispensary Doctors and Private Practitioners.

All cases were, as usual, babies under two years of age with suspected Gastro-enteritis, but other Medical Cases were admitted where alternative hospital accommodation was not available. All babies are admitted into isolation cubicles for observation before being transferred to a general ward. On discharge all babies were referred to the Child Welfare Clinic in their own area, and the mother was given a typed Diet Sheet, a copy of which was sent to the appropriate Welfare Clinic.

Of the 898 cases admitted the vast majority were diagnosed as Upper Respiratory Tract Infection, ranging from the mildest degree to extreme Toxaemia. Twelve cases were diagnosed as Gastro-enteritis, compared with three in 1954, and three in 1953. It is worthy of note that of these 12 cases, ten were admitted between July, 1955, and September, 1955, demonstrating a possible connection between the hot summer and an increase in the incidence of Gastro-enteritis. The busiest months were January and October, and the slackest month was May. All other cases of infectious fevers were tranferred to one of the Fever Hospitals.

Barrier Nursing is strictly observed throughout the Hospital and there was no incident of cross infection.

The total number of cots is normally 82, but for three weeks during the end of October and the beginning of November it became necessary to increase this number to 88, due to the large increase in admissions. Two extra nurses were also employed during this period. The cot occupancy was nearly 100% for the year. The average stay of a baby in hospital was six weeks.

Antibiotics and Intravenous therapy were the chief forms of treatment. Achromycin and Erythromycin were the drugs of choice. Intravenous therapy was only used in cases of severe dehydration and Toxaemia. Intravenous Aureomycin, Terramycin and Erythomycin were used in cases of severe Toxaemia.

A diagnostic analysis of the 898 *admissions* revealed the following :—

Upper Respiratory Tract Infection	240	cases
Bronchitis	120	,,
Otitis Media	54	,,
Dietetic Vomiting and Diarrhoea ...	60	,,
Pneumonia	46	,,
Marasmus	31	,,
Thrush	16	,,
Gastro-enteritis	12	,,
Measles	4	,,
Dysentry	3	,,

MISCELLANEOUS CONDITIONS :—

Toxaemia, Conjunctivitis, Mismanagement, Prematurity, Anaemia, Impetigo, Convulsions, Rhinitis, Infantile Eczema, Stomatitis, Microcephaly Neonatal Sepsis, Urticaria, Meningitis, Mongolism, Cerebral Haemorrhage, Pylorospasm, Coeliac Disease, Subdural Haematoma, Paroxysmal Tachycardia, Furunculosis, Myelo-Meningocele, Duodenal Atresia, Status Asthamaticus, Cervical Adenitus.

An Analysis of the 16 Deaths Showed :—

Broncho-Pneumonia	3	deaths
Congenital Debility and Enteritis ...	2	,,
Broncho-Pneumonia and Enteritis ...	2	,,
Upper Respiratory Tract Infection ...	1	,,
Pneumonia	1	,,
Cerebral Haemorrhage	1	,,
Enteritis	1	,,
Marasmus and Enteritis	1	,,
Gastro-Enteritis	1	,,
Bronco-Pneumonia with Muscular Dystrophy	1	,,
Mongolism with Broncho-Pneumonia and Congenital Heart	1	,,
Friderichsen Waterhouse Syndrome and Meningococcal Meningitis ...	1	,,

N. TWOHIG,

Acting R.M.O.

Coombe Lying-in Hospital.

(PAEDIATRIC DEPARTMENT).

Total No. of Infants in Unit at beginning of year 1955		19
Total No. of Admissions during 1955 ...		856
Total No. of Infants in Unit at end of year 1955		22
Total No. of Clinic visits		10,378
Total No. of Nurses District visits		11,120
Average No. of Infants in Unit each day ...		23
Average stay in Unit of each Infant		(days) 10½
No. of Babies born within the Hospital, including extra twins	2,300	
No. of Babies born on the district, including extra twins	986	
No. of Babies' deaths (Hospital cases) ...	81	
No. of Babies' deaths (District cases) ...	13	
Death rate in hospital cases		3.5%*
Death rate in district cases		1.3%*
Death rate in combined service ...		2.9%*

In the computation of these rates in the obstetrical report, account is taken of the number of stillbirths.

No. of attendances at clinic	10,378
No. of district visits	11,120
No. of admissions to unit	856
Percentage of total births requiring admission at some time in the first six weeks of life	25%

PREMATURITY.

There were 282 premature infants born during the year in the service of the hospital. The incidence among hospital cases was 10.4% of all births; among district cases it was 4.2%, but the figure is probably too low because only those babies brought to the hostipal soon after birth could be included. There were probably many more between about 5 and 5½ lbs.

The combined incidence was 8.5%.

Eighty per cent. of all these premature infants were admitted to the paediatric unit, while 4% died before they could be admitted. The average stay in hospital was 24.4 days per patient. This figure does not include the infants who died. It is possible to keep normal prematures in hospital only until they are 5 lbs. yet they require much longer stay than sick infants. Indeed, they increase the average for all cases. The longest admission period of a premature in the unit was 127 days and the shortest 2 days. Prematurity accounted for 29% of all admissions to the unit. There were more female prematures than male, 136 against 118. The mortality showed a much greater loss of males, 37 deaths against 15 in females.

SOCIAL CLASS OF PREMATURES (Father's occupation).

Private patients	15
Skilled workers	34
Unskilled workers (labourers) ...	158
Unemployed	22
Class uncertain	25

Eight of the 34 skilled workers were also private cases.

MATERNAL HISTORY.

	All prematures	*Deaths*	*Percentage*
Primiparae	62	11	19.3
Multiparae	155	30	19.3
Grand Multiparae	37	11	29.7

While the maturity definitely influences the mortality, we find that the figures are too uncertain and cannot always be relied upon.

PREMATURE DEATHS ACCORDING TO WEIGHT.

1 lb. 0 oz.—1 lb. 7 oz.	No. of deaths	0
1 lb. 8 oz.—1 lb. 15 oz.	No. of deaths	3
2 lb. 0 oz.—2 lb. 7 oz.	No. of deaths	8
2 lb. 8 oz.—2 lb. 15 oz.	No. of deaths	8
3 lb. 0 oz.—3 lb. 7 oz.	No. of deaths	8
3 lb. 8 oz.—3 lb. 15 oz.	No. of deaths	7
4 lb. 0 oz.—4 lb. 7 oz.	No. of deaths	4
4 lb. 8 oz.—4 lb. 15 oz.	No. of deaths	4
5 lb. 0 oz.—5 lb. 8 oz.	No. of deaths	7

For those who use the internation standards, the premature deaths are shown in grams.

500 grams— 749 grams	No. of deaths 1
750 grams— 999 grams	No. of deaths 5
1,000 grams—1,249 grams	No. of deaths 9
1,250 grams—1,499 grams	No. of deaths 9
1,500 grams—1,749 grams	No. of deaths 7
1,750 grams—1,999 grams	No. of deaths 6
2,000 grams—2,249 grams	No. of deaths 4
2,250 grams—2,500 grams	No. of deaths 7

PREMATURE MORTALITY.

Of all infants born in the hospital, 1.9% died of prematurity (plus other causes) within 28 days. The mortality among premature infants born in the hospital was 20.4%. This is a gross mortality and includes all prematures dying of congenital deformities and those dying within 48 hours and all previables. There seems little point in continuing to give a corrected premature death rate since it is not internationally recognised. There were 2 deaths after the 28th day. There were 4 deaths amongst 44 district-born prematures who were admitted, a mortality of 9.0%. This analysis does not include healthy district prematures, who were not admitted.

The mortality for all prematures was 14.5%.

CAUSES OF DEATHS IN PREMATURES.

Aspyhxia + Anoxia ...	8	17
Respiratory Insufficiency ...	6	
Atelectasis + Hyaline Membrane	3	
Congenital Deformities		6
Pneumonia + Empyema		4
Intracranial Haemorrhage ...		2
Haemolytic Disease		1
Enteritis		1
Immaturity or Previability ...		18

AGE AT DEATH OF PREMATURES.

Under 1 hour ...	7 deaths ...	14.2%
Under 6 hours ...	4 deaths ...	8.1%

Under 12 hours	6 deaths	12.2%
Under 24 hours	12 deaths	24.3%
Total		
Under 24 hours	29 deaths	59.1%
Under 48 hours	9 deaths	18.2%
Under 7 days	8 deaths	16.2%
Over 7 days	3 deaths	6.1%

Delivery by Breech in Prematurity.

There were 41 infants delivered by the breech of whom nine died.

Asphyxia + Anoxia.

This continues to be the most important problem in neonatal work. Our figures should include all infants who died of this condition in utero, but they are included in the stillbirths. About two-thirds of all stillbirths are the result of intra-uterine asphyxia. Possibly, many of the postnatal deaths result from intra-uterine asphyxia in babies who just manage to survive delivery. 104 infants developed acute respiratory distress or failed to establish normal respiration. 77 of these were admitted to the unit and 23 died. A further 31 were successfully treated at the time of birth and normal respiration established. A further 32 cases showed atelectasis on X-ray or postmortem examination (22 of these died). One was shown to have hyaline membrane disease. This group of disorders, therefore, affected a total of 136 infants of whom 45 died, a mortality of 33.0%.

Age at Death.

Analysis of these 104 cases showed that 15 died within 24 hours, 3 within 2 days and 1 on the 4th day (atelectasis and pneumonia). Sixteen were males and 3 were females.

Weight *lb./oz. — lb./oz.*	*Deaths*	*Survivors*	*Total*
2/0 — 2/8	2	0	2
2/8 — 3/0	1	1	2
3/0 — 3/8	2	0	2

Weight *lb./oz. — lb./oz.*	*Deaths*	*Survivors*	*Total*
3/8 — 4/0	1	1	2
4/0 — 4/8	0	6	6
4/8 — 5/0	2	4	6
5/0 — 5/8	0	7	7
5/8 — 6/0	0	4	4
6/0 — 6/8	3	4	7
6/8 — 7/0	1	6	7
7/0 — 7/8	2	13	15
7/8 — 8/0	1	9	10
8/0 — 8/8	0	9	9
8/8 — 9/0	0	3	3
9/0 — 9/8	1	4	5
9/8 —10/0	1	5	6

Two of the deaths were among ‘previables’ and 6 more were premature, i.e., 8 or almost half the deaths were in prematures.

Congenital deformities were present in 3 cases (2 died)

Intracranial haemorrhage was present in 3 cases (2 died)

Pneumonia bilateral + empyema present in 1 case (died)

SIGNS :

	Died	*Survived*	*Total*
Cyanosis	13	15	28
Cyanotic attacks ...	3	2	5
Sub-normal temperature	0	4	4
Pallor (shock) ...	3	0	3

DELIVERY AND COMPLICATIONS :

	Died	*Survived*	*Total*
Forceps	1	18	19
Toxaemia	2	9	11
Caesarean Section ...	1	6	7
Twins	2	5	7
Breech	1	7	8
Placenta Praevia ...	0	4	4
A.P.H.	1	1	2
Symphysiotomy ...	2	0	2
Prolonged labour ...	0	1	1
Precipitate labour ...	0	1	1

Maternal Factors.

Previous abortions and miscarriages were recorded in the histories of 20 mothers. Three of these mothers lost the present infants. Four had a history of previous stillbirths and 4 had had previous neonatal deaths. Only one baby in this group died.

Parity was as follows :—

Primiparae ...	34	(4 died)	... 11.7%
Multiparae ...	56	(12 died)	... 21.4%
Grand Multiparae	14	(3 died)	... 21.4%

Classification by Father's Occupation :

Private patients	14	(2 deaths)
Skilled workers	23	(3 deaths)
Unskilled workers (labourers)	57	(9 deaths)
Unemployed	10	(2 deaths)
Illegitimate	3	(0 deaths)
Uncertain	3	(0 deaths)

Drugs and Anaesthetics :

Drugs and anaesthetics play an important part in this problem. Twenty-two mothers were given what might be called major anaesthetics. Such infants are usually born asleep or very quiet, whereas the normal delivery is said to produce an infant who is "fighting mad."

Infants who had respiratory depression due to morphine derivatives were revived dramatically with Lethidrone (B.W.), but it was sometimes found necessary to repeat the dose in about 4 hours.

Trilene is considered to be a safe and useful anaesthetic and it has been shown that the incidence of hypoxia is no higher in infants delivered under Trilene than in those delivered without anaesthesia. Nevertheless, the drug does appear in concentrations in the foetal blood almost as high as in the mothers' circulation.

Barbiturates are sedatives in a general sense and are not particularly respiratory depressants. Derivatives are frequently used in the early stages of labour and may pass into and remain in the foetus. Some traces of phenobarbitone can still be detected in adult patients 72 hours after administration. We wonder whether they produce any effect on the infant. It would be possible (but dangerous) to attempt to neutralize them with picrotoxin.

Source of Anoxic Patients.

Hospital	89	(15 deaths)
District	13	(4 deaths)
Others	3	(0 deaths)

Follow-up of Survivors of Anoxia.

The duration of stay in the hospital:

1 day	0 cases
2 days	4 cases
3 days	14 cases
4 days	1 case
5 days	5 cases
6 days	2 cases
7 days	1 case
	27 cases

Under 1 Week	27 cases
Under 2 Weeks	14 cases
Under 3 Weeks	4 cases
Under 4 Weeks	4 cases

Several of the babies were slow to regain the Moro reflex; other were apparently slow mentally for several months; a few were definitely spastic.

We believe that spasticity is much more commonly the result of a period of apnoea after birth than the result of physical brain damage. Many cases which gave symptoms which previously might have been attributed to intracranial haemorrhage were undoubtedly the result of anoxia. Breast feeding was rarely attempted in these infants.

Haemolytic Disease of the Newborn.

There were 26 cases of haemolytic disease, a slight increase on last year's number. There were 4 deaths (1 had definite kernicterus). One of the deaths was a 21st pregnancy, the first case of haemolytic disease in the family. There were 16 exchange and 19 direct transfusions. There was no need of transfusion in 3 cases. There was no evidence of kernicterus among those who lived. Four were premature and all recovered.

PNEUMONIA.

There were 29 admissions to the unit with pneumonia, of whom 19 died. Most of these had pneumonia complicating some other diseases. Some of the admissions were from outside our service :

1 had pneumonia (bilateral) plus empyema
4 had congential heart disease.
1 had asphyxia neonatorum.
1 had intracranial haemorrhage.
1 had thrush (thrush pneumonia).
1 had cellulitis.
1 was premature.
1 was brought in dead.
2 were taken home against medical advice.
1 died in another hospital.

ENTERITIS.

Many infants were seen with diarrhoea and many had to be admitted for treatment. A variety of organisms were isolated. (See 1954 Report).

There were 20 infants admitted with such severe diarrhoea as to justify a diagnosis of enteritis. Three of these died.

Investigation of these cases is now carried out serologicaly and B. Coli 0111, 055 and 026 have been isolated. These cases respond in 3-4 days to Kaomycin (Neomycin), but treatment must be continued for about 14 days.

These cases continue to occur and are causing much concern.

PYELITIS.

There were 27 cases of pyelitis in infants. Most of these were admitted with vomiting and irritability. There were no deaths. Routine investigation included the isolation of the organism and sensitivity tests.

THRUSH.

There were 353 cases of thrush seen throughout the year. This is a decrease on last year, but morbidity is still formidable. Forty-seven cases were admitted and occupied 467 bed days, i.e., the stay in hospital was about 10 days each. There was 1 death from thrush-pneumonia.

All but 18 of the mothers had attended the ante-natal clinics regularly.

The disorder usually does not show itself until the mother has gone home. Thirty-seven out of the 47 admissions were from the home and only 10 were admitted from the hospital wards. Sixteen of those admitted had been born on the district.

Place of birth of thrush cases.

District	162
Hospital	191

6 babies were illegitimate.
66 were first infants.
7 were premature infants.

Breast feeding of thrush cases.

	Admitted	*Not admitted*
Complete breast feeding	1	30
Partial breast feeding ...	4	43
Breast feeding started but discontinued	9	138
Breast feeding never attempted	35	93

Thrush in relation to social status.

	Admitted	*Not admitted*	*Total*
Private cases	3	14	17
Skilled workers	5	60	65
Labourers (unskilled) ...	27	208	235
Unemployed	6	32	38
Illegitimate	1	5	6
Presenting symptoms of thrush cases.			
Diarrhoea	11	22	33
Vomiting	12	28	40
Diarrhoea + Vomiting ...	9	5	14

Respiratory complications are usual, most infants developing coryza or cough. Severe respiratory complications were recorded in 65 cases.

W. C. KIDNEY,
M.D., D.P.H., D.C.H.

National Maternity Hospital.

(EXTERN PAEDIATRIC UNIT)

Number of babies visited	2,618
Number of visits made by the nurses ...	12,529
Number of babies admitted to Paediatric Unit	147
Out-Patients seen in Paediatric Unit since May 1955	441

Deaths—Intern :—8.

Pneumonia.
Septicaemia.
Haemolytic disease with cerebral anoxia and cardiac failure
Cong. anomalies
Multiple major abnormalities
Atelectasis (2)
Fibrocystic disease of pancreas and bronchiectasis

Deaths—Extern :—*Nil.*

REASONS FOR ADMISSIONS :

Pneumonia
Osteomyelitis
Septicaemia
Otitis Media
Abnormalities
Eczema
U.R.T.I.
Fibrocystic disease observation
Atelectasis
Breast Abscess
Cong. heart
Prematurity
Jaundice
Dietetic
Rh. Incompatibility
Pyloric stenosis.

OPERATIONS :

7 Pyloric stenosis—all satisfactory.

The report here is a satisfactory one and has demonstrated the value of home visiting by the nursing staff. We are of the opinion that preventative medicine should be carried out in the home and not at a clinic. Further, we are of the opinion that the common minor or moderate illnesses of infants are best treated at home, unless the existing home conditions are of such a nature as to render this impossible. Without doubt the commonest Pathological variation in the first few months of life is infection of the upper respiratory tract. The advancement made in modern Chemotherapy and Antibiotic therapy has very strikingly reduced mortality and also duration of disease. We are presently considering their use from a prophylactic point of view where respiratory infections abound. There is still present the problem of feeding technique difficulties, especially with the first born. We feel that much could be done to avoid this by antenatal instruction.

During the year we had 7 cases of Pyloric Stenosis successfully treated by surgery and we are once again grateful to Mr. Frank Duff. We have also had a number of exchange transfusions and other surgical procedures. As will be seen from the table we have also had many small prematures, severe pneumonia infections and cases of septicaemia. Our nursing staff deserves our congratulations on a splendid year's work. It has been a hard year from the nursing point of view and on many occasions the nursing staff have remained on duty for long periods after hours. To Sister Bourke and her nursing staff we give our best thanks. We would also like to record our acknowledgement to our Secretary, Miss Bolger, for her valued and willing assistance at all times.

COLMAN SAUNDERS,
Paediatrician

SHEAMUS DUNDON,
Asst. Paediatrician

Rotunda Hospital, Dublin.

PAEDIATRIC SERVICE.

DR. W. R. F. COLLIS AND DR. P. C. D. MACCLANCY.

During this year we can report very satisfactory results :

NURSERY :

The Labour Ward supplies the Nursery with all its cases of difficult births, prematures, etc., born in the Labour Ward. The yard-stick of efficiency here has always been our Corrected Premature Death Rate. Anything under 10% is considered satisfactory, and this year again it is under 5% (total prematures in department, 220). It may be said now, that this department is working very successfully. We have practically no intercurrent infection and the whole routine is running very smoothly.

EXTERN DEPARTMENTS :

There have been two major developments. First, the rule whereby only cases born in the hospital and the Rotunda district could be admitted to our neonatal extern unit, was finally abandoned and now any cases of special neo-natal difficulty can be taken in, from any part of the country. This has proved the greatest boon to family doctors faced with neo-natal problems of diagnosis and treatment. Our second development—our neo-natal surgical side correlates with this, e.g., we have admitted for operation, six cases of oesophageal atresia, two of whom lived, for which Mr. Coleman Byrnes must be heartily congratulated. We have also had, during the year, 17 cases of pyloric stenosis, operated upon by Mr. Gill, without a single fatality, in spite of the fact that several of the babies were in very poor shape on admission. Here we feel we have now established a routine which works. On admission the baby is diagnosed by the physicians, two of whom feel the tumour. The baby's acid base balance, electrolytes and blood proteins are now checked and if abnormal, corrected together with the blood volume (dehydration). The method employed in the latter, we feel, is of great importance. In the past in most clinics, far too much sodium chloride has been given, leading to hyper-electralaemia and sometimes subsequent hyper-pyrexia and respiratory failure, and too much fluid has been given by the intravenous route. We find it possible to restore the body fluid, and often the electrolyte balance, now, by a slow rectal drip in 4/5 of our cases. This method is simple, it avoids cutting down, and it is completely safe.

Feeding :

Give all vitamins parenterally. If the obstruction is complete and even after gastric lavage all fluid taken by mouth is vomited, immediate operation after hydration is undertaken. If the obstruction is severe but not complete and the vomiting copius, hydrochloric milk (diluted) and sometimes reinforced with glucose and amino-acids (prosol) is given, or breast milk. If the vomiting is only spasmodic, either hydrochloric acid milk or breast milk is used. It must be emphasised, however, that once a definite diagnosis has been made, the sooner operation is possible the better. We do not recommend medical treatment, provided an experienced surgeon and anaesthetist are available, who can carry out the operation, mostly or partially under local anaesthetic, in not more than 15 minutes. There is no doubt that a unit such as ours, in which every baby is separately isolated and in which the nursing is very experienced and one which possesses a breast milk bank, is the ideal place for neonatal surgery of all kinds. We cannot praise enough the work or, let us say, guidance of Sister Moran who has organised the nursing in this department during the year. Her experience in the nursing of the neonatal infant is probably greater than that possessed by any other nurse, and our success is largely due to her.

THE PAEDIATRIC OUT-PATIENT DEPARTMENT:

The Paediatric Out-Patient Department has also a remarkable year to report. 10,753 attendances at our clinics and 7,766 home visits, making a total of 18,519 advices given to mothers. When it is remembered that all this is accomplished in Sister O'Dwyer's out-patient department, with a staff consisting of herself and three nurses, it will be realised how efficiently and economically the department is managed. We notice in the new proposals put before the maternity hospitals that the Dublin Corporation nurses should in future take over much of this work. We wonder at the wisdom of such a decision, however, from the mothers' point of view .We do not see how public health nurses, mostly untrained in this very special field, could replace the trained staff supplied by the hospital who have behind them, a trained staff of paediatricians, equally conversant with the problems of the neo-natal period, who have, besides, the advantage of seeing the baby through the first 10 days of life and who possesses an intimate knowledge of the maternal history as well. We earnestly hope that no premature or arbitrary decision will be come to, and our excellent work of the past few years jeopardized before careful consideration is given to the matter. We do feel that our particular method of organising a welfare centre is worthy of notice. The difficulty with most welfare centres is that only advice and not treatment is given. Now who will say whether a vitamin is a medicine or a food? Secondly, a great many, perhaps 40% of children attending a neo-natal centre, on say four occasions will require at least on one occasion some form of therapy. This is particularly so in the case of the poor. Hence a welfare centre such as ours which combines weighing, advice as to feeding, etc., with treatment which can be ordered and given on the spot as required, is the obvious answer to the problem. Again, it is of the utmost importance that the doctors and nurses visiting the mothers and babies in their own homes shall have a clinic, to which they themselves are atttached, at their back. We feel, therefore, that to take our babies away from us during the neo-natal period would be a retrograde step. This does not mean that a closer liason with the city child welfare department is impossible, and we would welcome the city child welfare department nurses working in our general neo-natal clinics, as we have already done, in our special B.C.G. and specific clinics.

Teaching :

There have been some differences in the teaching during the year, both for the under-graduates and post-graduates. We have had a number of interesting films shown, and Mr. David Waterston of the Hospital for Sick Children, Great Ormond Street, gave a most intersting lecture on Neo-Natal Surgery. At present the course of paediatric lectures commences in the Autumn Term and continues up to March in the Hospital Lecture Theatre; some 40-45 lectures being given. A revision course is given during the summer. Clinical out-patients demonstrations are given on Monday and Friday afternoons, and a ward round on Wednesday at 9.30 a.m. Besides these, certain groups are taken in special subjects for the D.C.H. and special times are arranged for demonstrations, as may fit in with the changing student population.

We are still convinced that the teaching of the nurses in the neo-natal period is not sufficient for their needs as midwives who are expected on leaving to have a knowledge of not only the normal, but the abnormal neo-natal baby, can hardly acquire this in six didactic lectures.

INTERN DELIVERIES.

Total live births	3,936
Total dead-born infants (stillbirths) ...	137
Infants dying in Nursery and Labour Ward (including pre-viables)	61
Total infant mortality rate (deaths of infants born, excluding abortions, but including dead-born infants, stillbirths, etc.) ...	4.89 per cent.
Deadborn (stillbirth) rate	3.36 per cent.

Infant death rate (against total live births)	2.10 per cent.
Corrected infant death rate amongst live births:—	
Live births viable (over $2\frac{1}{4}$ lbs.) ...	3,918
Infant deaths in this group ...	47
Infant death rate of viables ...	1.20 per cent.
Premature births (viable):—	
(7.08 per cent. of live births) ...	277
Number of deaths	29
Mortality Rate	10.47 per cent.
Previable Prematures:—	
Number of cases	18
Number of deaths	14
Mortality rate	72.22 per cent.
Total Premature Death Rate (including previable infants):—	
Number of cases	295
Number of deaths	43
Mortality rate	14.58 per cent.
Corrected Premature Death Rate ... (i.e., percentage death rate of premature (viable and previable) infants excluding infants dying within 48 hours of birth, and those born with hopeless congenital abnormalities.)	4.05 per cent.

INTERN PAEDIATRIC DEPARTMENT.

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	390	17	4·36
Premature Infants ...	204	26	12·75
Previable Premature Infants	16	12	75·00
Total ...	610	55	9·02

There were 6 infant deaths in the Labour Ward, 1 mature, 5 premature infants ($5\frac{1}{2}$ lbs. or less).

SUMMARY

INTERN PAEDIATRIC DEPARTMENT.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Acute Bronchopneumonia	1	—	1	1	—	1	—	—	—
Acute Cardio-Respiratory Failure Oesophageal Atresia: Ectopic Anus	1	—	1	—	—	—	—	—	—
Acute Haemorrhagic Bronchopneumonia	3	—	3	1	—	1	—	—	—
Acute Haemorrhagic Bronchopneumonia: Acute Purulent Meningitis	—	—	—	1	—	1	—	—	—
Acute Perotitis	1	1	—	—	—	—	—	—	—
Acute Pneumonia	—	—	—	1	—	1	—	—	—
Anencephalic Monster	1	—	1	—	—	—	—	—	—
Asphyxia Neonatorum	4	4	—	—	—	—	—	—	—
Asphyxia: Prolapsed Cord	1	1	—	—	—	—	—	—	—
Aspiration Atelectasis	1	—	1	—	—	—	—	—	—
Atelectasis	6	3	3	12	4	8	—	—	—
Atelectasis: L.S.C.S.	—	—	—	1	1	—	—	—	—
Atelectasis: Neonatal Infection	1	1	—	—	—	—	—	—	—
B.C.G. Vaccination	2	2	—	1	1	—	—	—	—
Birth Shock	8	8	—	—	—	—	—	—	—
Birth Trauma (General)	1	1	—	—	—	—	—	—	—
Breech Delivery—Observation	10	10	—	2	2	—	—	—	—
Bronchopneumonia	1	—	1	—	—	—	—	—	—
Brow Presentation	2	2	—	—	—	—	—	—	—
Cephalahaematoma	1	1	—	—	—	—	—	—	—
Cerebral Haemorrhage: Tear of Falx Cerebri	—	—	—	1	—	1	—	—	—
Cerebral Syndrome	10	10	—	4	4	—	—	—	—
Cerebral Syndrome: Klumpke's Paralysis (Left Side)	1	1	—	—	—	—	—	—	—
Cerebral Syndrome: L.S.C.S	1	1	—	—	—	—	—	—	—
Circumcision	1	1	—	—	—	—	—	—	—
Cleft Palate	1	1	—	—	—	—	—	—	—
Congenital Heart Disease	1	—	1	—	—	—	—	—	—
Coombs Negative: Observation	43	43	—	—	—	—	—	—	—
Depressed Fracture of Skull	—	—	—	1	1	—	—	—	—
Face Presentation	2	2	—	—	—	—	—	—	—
Forceps Delivery: Observation	50	50	—	3	3	—	—	—	—
Fracture of Humerus	—	—	—	1	1	—	—	—	—
Fracture of Skull: Forceps Delivery	1	1	—	—	—	—	—	—	—
Haematemesis	1	1	—	—	—	—	—	—	—
Haemolytic Disease: No Treatment	12	11	1	2	1	1	—	—	—
Haemolytic Disease: Exchange Transfusion	22	21	1	2	—	2	—	—	—

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Haemolytic Disease: Exchange Transfusion: Kernicterus	—	—	—	1	—	1	—	—	—
Haemolytic Disease: Exchange Transfusion: Pyloric Stenosis	1	1	—	—	—	—	—	—	—
Hare Lip: Coombs Negative	1	1	—	—	—	—	—	—	—
Hydrocephalus: Spina Bifida	1	—	1	—	—	—	—	—	—
Hypospadias	1	1	—	—	—	—	—	—	—
Interstitial Emphysema: Haemolytic Disease ...	1	—	1	—	—	—	—	—	—
Kernicterus	—	—	—	1	—	1	—	—	—
Laceration of Face ...	1	1	—	—	—	—	—	—	—
L.S.C.S.: Coombs Negative	1	1	—	—	—	—	—	—	—
L.S.C.S.: Observation ...	135	135	—	6	6	—	—	—	—
Meningocele	1	1	—	—	—	—	—	—	—
Mongol	1	1	—	1	—	1	—	—	—
Nephroblastoma	—	—	—	1	1	—	—	—	—
Observation	36	36	—	—	—	—	—	—	—
Oesophageal Atresia ...	1	1	—	2	—	2	—	—	—
Oesophageal Atresia: Imperforate Anus	—	—	—	1	—	1	—	—	—
Prematurity	—	—	—	103	99	4	15	3	12
Shoulder Presentation ...	1	1	—	—	—	—	—	—	—
Specific Disease	—	—	—	1	1	—	—	—	—
Spina Bifida	1	1	—	—	—	—	—	—	—
Staphylococcal Rash ...	—	—	—	1	1	—	—	—	—
Suprarenal Haemorrhage: Oesophageal Atresia with Fistula	1	—	1	—	—	—	—	—	—
Transferred to Unit ...	14	14	—	52	52	—	1	1	—
Transferred to Extern Hospital	1	1	—	—	—	—	—	—	—
TOTALS ...	390	373	17	204	178	26	16	4	12

There were 50 Surgical Operations. There were 55 Deaths in the Nursery. Postmortems were obtained in 21 cases.

EXTERN PAEDIATRIC DEPARTMENT.

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	241	26	10·788
Premature Infants ...	139	10	7·194
Previable Premature Infants	13	12	92·307
TOTAL ...	373	48	12·868

SUMMARY

EXTERN PAEDIATRIC DEPARTMENT.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Acute Bronchitis	3	3	—	—	—	—	—	—	—
Acute Broncho-pneumonia : Acute Anuria	1	—	1	—	—	—	—	—	—
Acute Broncho-pneumonia ...	14	6	8	3	1	2	—	—	—
Acute Broncho-pneumonia : Horshoe Shaped Kidney	1	—	1	—	—	—	—	—	—
Acute Cellulitis of Cervical Region	—	—	—	1	1	—	—	—	—
Acute Pyelitis	2	2	—	—	—	—	—	—	—
Acute Respiratory Infection	2	2	—	1	1	—	—	—	—
Acute Superative Meningitis : Acute Broncho-pneumonia: Empyema	1	—	1	—	—	—	—	—	—
Acute Upper Respiratory Infection	1	1	—	—	—	—	—	—	—
Asphyxia Neo Natorum ...	3	2	1	—	—	—	—	—	—
Atelectasis	4	3	1	1	1	—	—	—	—
B.C.G. Vaccination ...	27	27	—	5	5	—	—	—	—
Bi-Lateral Scalp Abscess ...	1	1	—	—	—	—	—	—	—
Breast Abscess	1	1	—	—	—	—	—	—	—
Breech Delivery	—	—	—	1	1	—	—	—	—
Cellulitis of Hands ...	1	1	—	—	—	—	—	—	—
Cellulitis of Lower Right Cheek	1	1	—	—	—	—	—	—	—
Cerebral Haemorrhage ...	1	—	1	—	—	—	—	—	—
Cerebral Syndrome ...	5	5	—	—	—	—	—	—	—
Chalasia	1	1	—	—	—	—	—	—	—
Chronic Pyleonephritis ...	3	1	2	—	—	—	—	—	—
Cleft Palate—Hare Lip ...	2	2	—	—	—	—	—	—	—
Cleft Palate—Neo-Natal Infection	1	1	—	—	—	—	—	—	—
Congenital Abnormality of Great Vessels of Heart ...	1	—	1	—	—	—	—	—	—
Congenital Heart Disease ...	2	—	2	4	2	2	—	—	—
Convalescence	2	2	—	—	—	—	—	—	—
Dermatitis	1	1	—	—	—	—	—	—	—
Eczema of Face	2	2	—	—	—	—	—	—	—
Failure to Thrive ...	1	1	—	—	—	—	—	—	—
Haemangioma	1	1	—	—	—	—	—	—	—
Haematemesis	1	1	—	—	—	—	—	—	—
Haematoma of Vulva ...	1	1	—	—	—	—	—	—	—
Haemolytic Disease ...	5	5	—	1	1	—	—	—	—
Haemolytic Disease : Exchange Transfusion ...	6	5	1	1	1	—	—	—	—
Hepatomegaly	—	—	—	1	—	1	—	—	—
Hirschprung's Disease ...	1	1	—	2	2	—	—	—	—
Hydrocephalus	7	6	1	—	—	—	—	—	—
Imperforate Anus ...	—	—	—	1	1	—	—	—	—
Jejunal Atresia	1	—	1	—	—	—	—	—	—
Kern-Icterus : Haemolytic Disease : Exchange Transfusion	1	—	1	—	—	—	—	—	—

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Melaena Neonatorum ...	—	—	—	1	1	—	—	—	—
Meningocele	2	2	—	—	—	—	—	—	—
Mismanagement	13	13	—	3	3	—	—	—	—
Neo-Natal Infection ...	38	36	2	9	9	—	1	—	1
Observation	20	20	—	6	6	—	—	—	—
Oesophageal Atresia ...	1	1	—	—	—	—	—	—	—
Partoid Swelling	1	1	—	—	—	—	—	—	—
Patent Omphalo-Mesenteric Duct	1	1	—	—	—	—	—	—	—
Pneumonia	4	4	—	1	1	—	—	—	—
Pneumonia : Acute Omphalitis	1	1	—	—	—	—	—	—	—
Prematurity	—	—	—	91	86	5	11	1	10
Pyloric Stenosis	14	14	—	—	—	—	—	—	—
Pylorospasm	1	1	—	—	—	—	—	—	—
Removal of Meningocele ...	1	1	—	—	—	—	—	—	—
Right Inguinal Hernia ...	1	1	—	—	—	—	—	—	—
Spina Bifida	2	2	—	1	1	—	1	—	1
Staphyloccocal Abscess ...	2	2	—	1	1	—	—	—	—
Sub-Dural Haematoma ...	2	2	—	—	—	—	—	—	—
Sunburn of Face : Severe Degree	1	1	—	—	—	—	—	—	—
Teratoma (Groin) ...	—	—	—	1	1	—	—	—	—
Thrombosis of Renal Veins Pulmonary Infraction ...	1	—	1	—	—	—	—	—	—
Traumatic Ulceration of Mouth	1	1	—	—	—	—	—	—	—
Ulceration of Buttocks ...	1	1	—	1	1	—	—	—	—
Upper Respiratory Infection	1	1	—	2	2	—	—	—	—
Vomiting : Exploratory Laparotomy	1	1	—	—	—	—	—	—	—
Vomiting : Observation ...	2	2	—	—	—	—	—	—	—
Totals ...	221	195	26	139	129	10	13	1	12

There were 33 Surgical Operations. There were 48 Deaths in the Unit.
Postmortems were obtained in 23 cases.

PAEDIATRIC O.P.D.

Report for the Period 1st November, 1954, to 31st October, 1955.

Total attendances ...	10,753
Initial attendances ...	2,775
District Visits ...	7,766

EXTERN PAEDIATRIC DEPARTMENT

(Extern admissions of Infants who were not born on the Rotunda Service).

REPORT FOR THE PERIOD 1ST NOVEMBER, 1954, TO 31ST OCTOBER, 1955.

GROUP	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	28	2	7·14
Premature Infants	18	5	27·77
Previable Premature Infants	5	2	40·00
TOTAL ...	51	9	17·65

SUMMARY

CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Acute Bronchopneumonia : Multiple Renal Abscess ...	1	—	1	—	—	—	—	—	—
Acute Bronchopneumonia : Prematurity	—	—	—	1	—	1	—	—	—
Acute Haemorrhagic Pneumonia	1	—	1	—	—	—	—	—	—
Atelectasis	2	2	—	1	—	1	—	—	—
Congenital Heart Disease : Hydrocephalus	1	1	—	—	—	—	—	—	—
Convulsions : Observation ...	1	1	—	—	—	—	—	—	—
Duodenal-Jejunal Atresia ...	—	—	—	1	1	—	—	—	—
Haemolytic Disease ...	1	1	—	1	1	—	—	—	—
Haemolytic Disease : Exchange Transfusion ...	2	2	—	—	—	—	—	—	—
Haemolytic Disease : Prematurity Kern-Icterus ...	—	—	—	1	—	1	—	—	—
Melaena Neonatorum ...	2	2	—	—	—	—	—	—	—
Mismanagement of Feeding	—	—	—	1	1	—	—	—	—
Neo-Natal Infection ...	4	4	—	—	—	—	1	1	—
Observation	3	3	—	—	—	—	—	—	—
Observation : Cyanotic Attacks	1	1	—	—	—	—	—	—	—
Prematurity	—	—	—	9	8	1	4	2	2
Prematurity : Congenital Heart Disease : Mongol ...	—	—	—	1	—	1	—	—	—
Pyloric Stenosis	2	2	—	—	—	—	—	—	—
Pylorospasm	2	2	—	—	—	—	—	—	—
Sub Dural Haematoma ...	1	1	—	—	—	—	—	—	—
Thrush Infection	1	1	—	—	—	—	—	—	—
Upper Respiratory Infection	—	—	—	1	1	—	—	—	—
Vomiting	2	2	—	—	—	—	—	—	—
Transferred to Nursery ...	1	1	—	1	1	—	—	—	—
TOTALS ...	28	26	2	18	13	5	5	3	2

There were 4 Surgical Operations. There were 9 Deaths in the Unit. Postmortems were obtained in 4 cases.

SCHOOL HEALTH SERVICE.

Catherine M. O'Brien, M.B., D.P.H., B.Sc.(P.H.).

The City School Health Service has continued to play a vital part in the supervision of the health and well-being of the youth of the City who attend National Schools in Dublin. Treatment for defects found during the course of School Health Inspection is provided under the Institutional and Specialist Services Health Act, 1953. There is no means test in the case of children of school-going age. The outstanding features of the year under review were, the establishment of a Clinic for the treatment of maladjusted children, the expansion of the School Dental Scheme and the provision of modern school buildings to serve families moved from the centre of the City.

General.

Dental Clinics in outlying areas in the City have been of untold benefit to families for whom the journey to the central Dental Clinics would not be easy. An account of the work of the School Dental Service for the year 1955 is included with this report. The dental treatment under general anaesthesia, which has been provided for school children during the past five years has effected an enormous improvement in the condition of their teeth, and their general health has improved in proportion. The condition of city children's mouths seen to-day is vastly different to what it was some twenty years ago when practically every child had carious teeth and several cavities. The preponderance of carbo-hydrates in the diet of, and the consumption of soft foods by, school children does not, however, make for naturally sound teeth.

Nutrition.

A graph setting out the average height and weight for age and sex of children examined in National Schools during the year 1955 as compared with the children inspected during the year 1945 shows an over-all improvement in the average height and weight for age and sex of boys and girls examined last year. Statistics showing the average height and weight of children examined in the City National Schools last year is also included, together with statistics of children examined in this group of schools on the occasions of the Doctor's previous visit to these schools. These Tables show little change in the average height and weight of the children in this particular group of schools. The Tables are not strictly comparable, of course, because they do not refer to the same children.

The benefit to health resulting from better housing conditions has been adversely affected by the long journey to and from city schools and by a belated dinner hour, in the case of children awaiting accommodation in new schools in outlying areas. The provision of milk and sandwiches in the schools is of undoubted benefit to children. It would be well, however, if this could be given in the afternoon when school is over, during the interval between the family mid-day dinner and the evening meal at home.

The greatest single factor in improving the health of school children has been and continues to be the provision of houses for large families in the outlying areas of the city and flats for those who have to live near their place of employment because of various circumstances. Demolition of old, unfit dwellings in the city has continued, and there are now cleared sites with proportionately more air and light for the remaining families.

SCHOOL PREMISES.

Modern school buildings, well lighted, heated and ventilated to serve the Housing Estates, have been of untold benefit to the school-going population, and it is good to note that sites are gradually becoming available in the City itself for school buildings, which will serve the families living nearby. The older schools are not easy to remodel. They were built during the last century when the significance of health was less generally appreciated than it is to-day. It has been the practice in the city to send young children to school, and therefore the provision of hygienic, spacious infants' Departments is of all the more importance.

One is always impressed by the cheerful, gracious manner in which Teachers receive us in the Schools and their devotion to the children and the keen interest taken in health matters is always apparent.

CLEANLINESS.

Better houses and better schools make for a higher standard of cleanliness. It is a pity then that girls' hair is not as well kept as it might be, and that the prevalence of long hair in boys continues to make for an unkempt appearance. Insecticides are available free in the City now and for some years past, and this should make for a higher general standard.

IMMUNISATION.

The protection of children against Tuberculosis and Diphtheria continues to be carried out in schools and has been of inestimable value. It is lamentable that parents neglect to avail themselves of these facilities. The numbers of children who were rushed by their parents to Diphtheria Immunisation Sessions during November and December of last year was astonishing, considering that opportunities for Immunisation in Schools have been provided now for many years past. Indeed it is incomprehensible that Immunisation in infancy is so often disregarded by parents who seem to be prepared to take the risk and wait until the Doctors come to the Schools, forgetting that Immunisation of older children should really consist of an increase in resistance by means of booster doses during their school-going years.

HANDICAPPED CHILDREN.

The official opening of St. Mary's and St. Raphael's Homes for mentally defective boys in the Autumn of 1955 means that waiting lists for vacancies for mentally handicapped boys will now be curtailed. A welcome change has gradually come about in the attitude of parents of feeble-minded children, and instead of the extreme reluctance to let them go to Homes for training, they are gradually realising the benefit to children of early specialised training, which can only be provided in special centres. The Residential School for high grade boys at Obelisk Park has obviously impressed parents with the possibilities, and the excellent work which has been done there and at Navan Road and Glenmaroon has helped to alter the outlook of parents. In this connection I have to pay tribute to all the voluntary organisations in the City who are helping handicapped children, physically and mentally, and whose encouragement, interest and practical help has been a boon to the child population.

Child Guidance.

A Centre to cater for maladjusted children was established in Orwell Road, Rathgar, last Autumn. Children of normal intellect from three years of age upwards are dealt with by a team of specially trained Doctors and their requisite staff. Parents and teachers have been glad to avail of this service. The question of how best to help these "problem children" is not an easy one, and it is only at a Centre such as Orwell Road that they can be properly catered for.

Staff.

The Medical Staff of the School Health Service assisted at the Diphtheria Immunisation campaign during the Winter of 1955. They also assisted in the Child Welfare Department during the summer months. We were sorry to lose three Doctors, who take with them our best wishes and thanks, on the occasion of their being selected for permanent appointments in County Public Health Departments.

The Nurses, too, assisted at the extra Diphtheria Immunisation sessions and like all the members of the Child Health Nursing Staff they were most cheerful, willing and hard-working, all during the year, and particularly during the very busy weeks following the Diphtheria Radio Campaign. The School Doctors too worked hard during these weeks for long hours, at the end of a school day, and were most efficient and cheerful throughout. It is a source of great pleasure to record our appreciation of the work carried out during the past year.

To the City Medical Officer and Staff of the Corporation Public Health Department, to the Doctors, Dentists and Nurses who have assisted the City School Health Service throughout the year, we offer our sincere thanks and also the office Staff whose work has always been so generously and kindly and whose help is greatly appreciated.

Our special thanks are extended to the Rev. Managers and teachers of the City National Schools for their unfailing welcome. To all the Voluntary Organisations in the City we extend our sincere thanks.

DUBLIN CITY NATIONAL SCHOOLS—AVERAGE HEIGHT AND WEIGHT FOR AGE AND SEX OF THOSE CHILDREN WHO WERE EXAMINED DURING THE COURSE OF ROUTINE SCHOOL MEDICAL EXAMINATION, YEARS 1952 AND 1955—SAME GROUP OF SCHOOLS.

Age in Years	Height in Inches				Weight in Lbs.			
	Girls		Boys		Girls		Boys	
	1952	1955	1952	1955	1952	1955	1952	1955
5	43	42	43½	42	42¼	41	44¼	43
6	44½	44	45	44	45	44	47	46
7	46¼	46	46½	47	48½	48	50½	50
8	48¼	49	48½	49	53	53	55	55
9	50½	50	50½	51	58¼	58	59¾	60
10	52¼	52	52¼	53	63	64	65	66
11	54¼	54	54½	55	69¼	70	71	72
12	56	56	56	57	76¼	78	76	78
13	57¾	58	57½	58	85	86	81½	85
14	59¾	60	59	59	93	95	88¼	90

Number of children examined in 1952	23,409
Number of children examined in 1955	22,741
Number of children examined in 1945	17,212

TABLE I

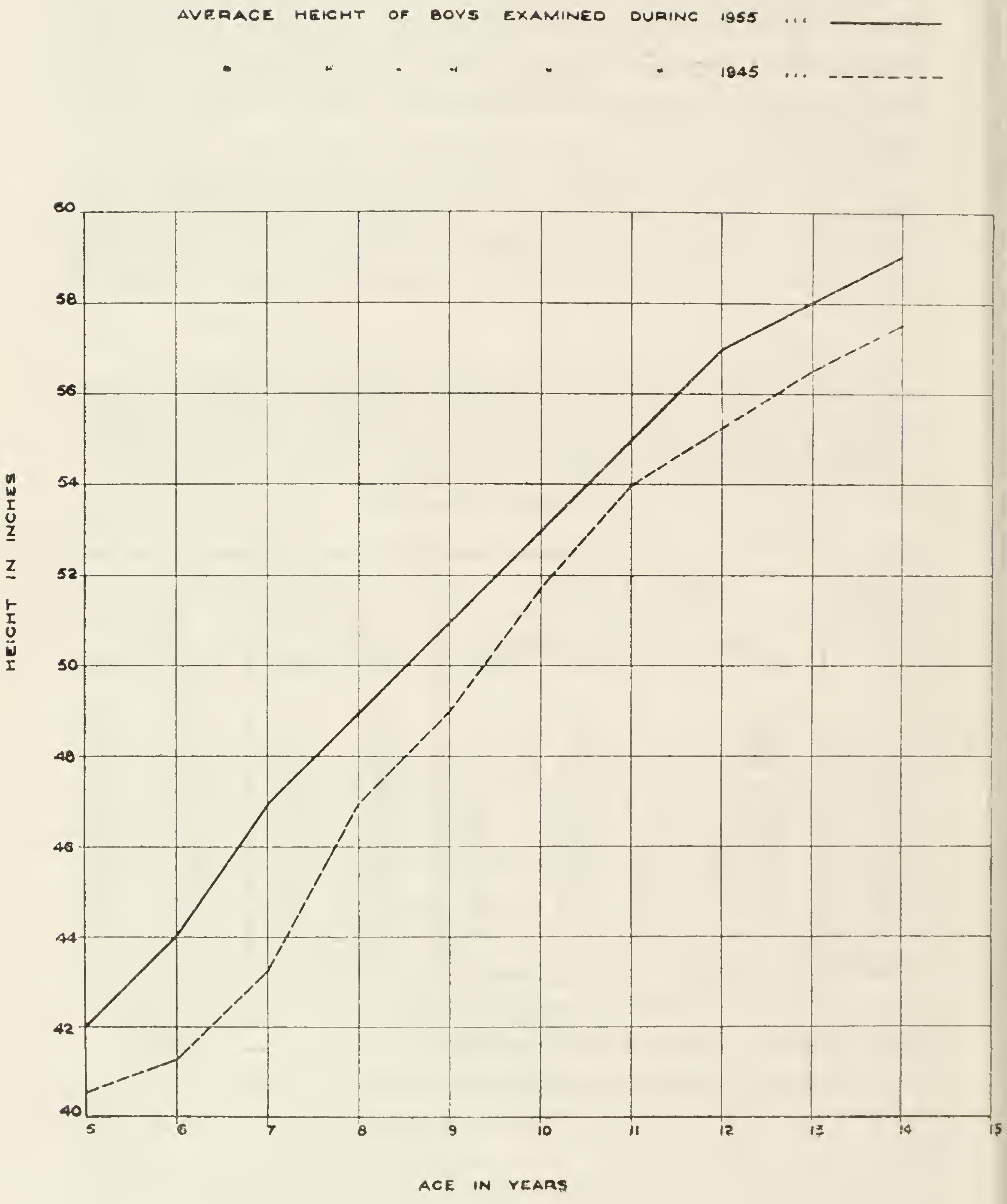

AVERAGE HEIGHT OF BOYS EXAMINED DURING 1955 ...
" " " " " " 1945 ...
HEIGHT IN INCHES
60
58
56
54
52
50
48
46
44
42
40
5
6
7
8
9
10
11
12
13
14
15
AGE IN YEARS

TABLE 2

AVERAGE HEIGHT OF GIRLS EXAMINED DURING 1955 ... ————

" " " " " " 1945 ... - - - - - -

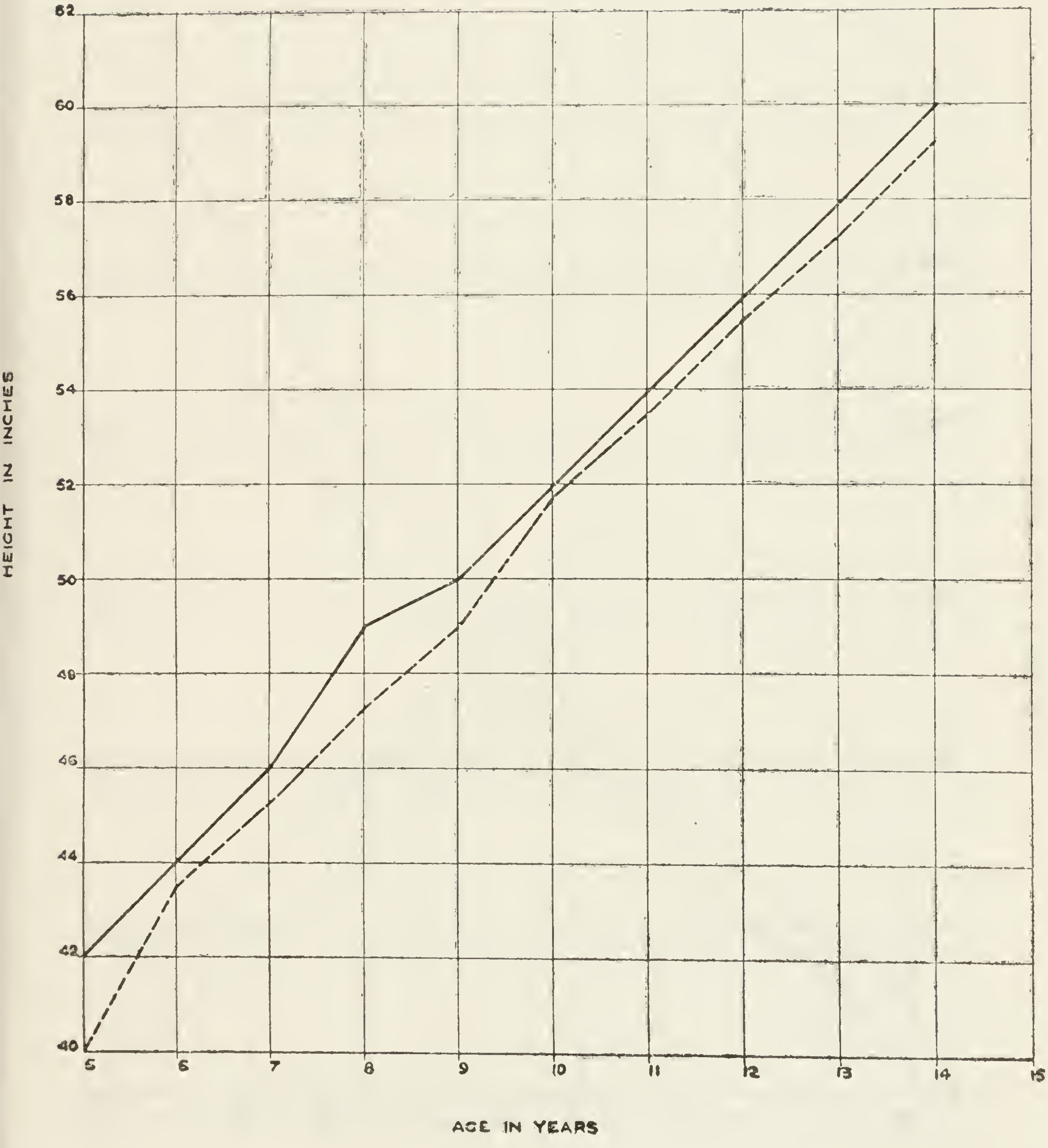


TABLE 3

AVERAGE WEIGHT OF BOYS EXAMINED DURING 1955 ··· ———

" " " " " " 1945 ··· - - -

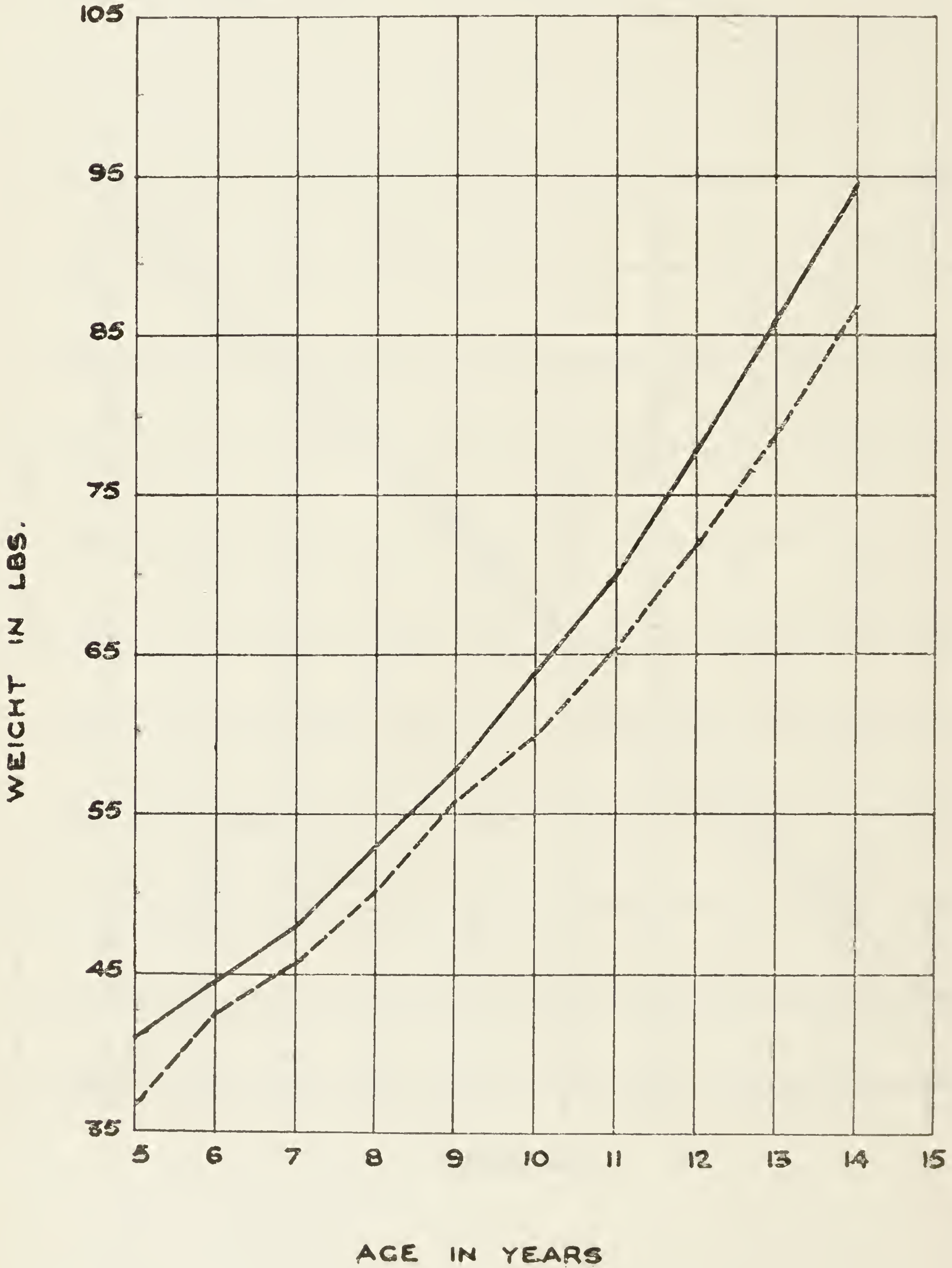
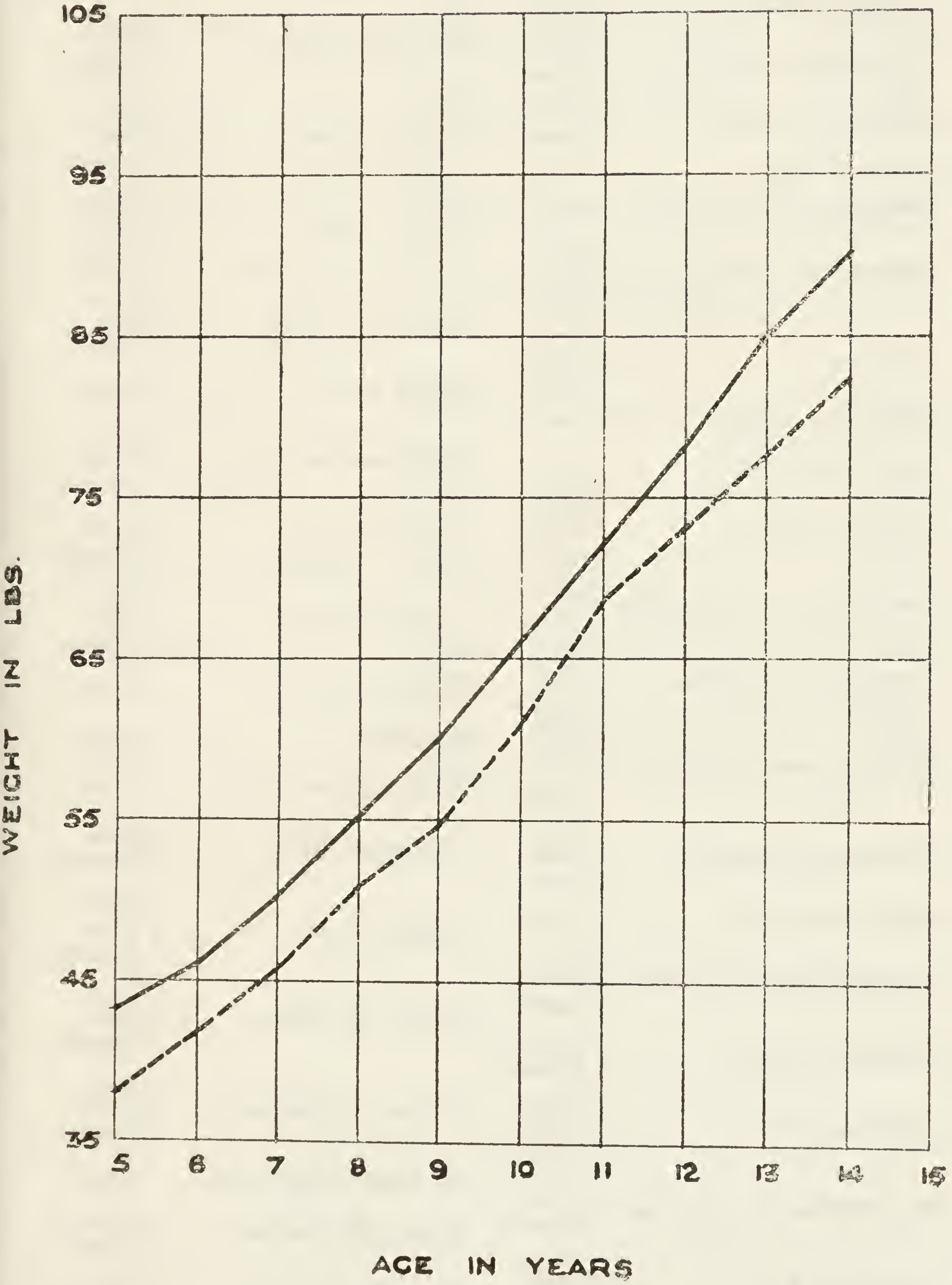


TABLE 4

AVERAGE WEIGHT OF GIRLS EXAMINED DURING 1955 ··· ————

" " " " " " 1945 ··· — — — —



SCHOOLS INSPECTED DURING 1955.

Rutland Street	Boys Girls Infants
Marino, St. Vincent de Paul	Girls Infants
Homefarm Road	Girls Infants
Rathfarnham, Loreto	Girls Infants
Fairview, St. Mary's	Girls Infants
Terenure Boys	Boys
Rathmines, St. Mary's	Boys
Rathfarnham Village	Boys Girls Infants
Zion Road	Boys Girls Infants
Rathfarnham Boys	Boys
Synge Street C.B.	Boys
Rathgar Avenue	Boys Girls Infants
Iona Road, St. Columba's	Girls Infants
Rathmines, Tranquilla	Boys Girls Infants
Blackhall Parade, St. Paul's	Boys Girls Infants
Rathmines, Township	Boys Girls Infants
Seville Place C.B.	Boys
Dolphin's Barn, St. Andrew's	Boys Girls Infants
Terenure Convent	Girls Infants
Whitefriar Street	Boys Girls Infants
Nth. William St. Convent	Girls Infants
Chapelizod N.S.	Boys Girls Infants
Cook St., St. Audœn's	Boys Girls Infants
Parnell Road C.B.	Boys
Queen Street	Boys
Blacquiere Bridge	Boys Girls Infants
Botanic Avenue	Boys Girls Infants
Phœnix Park	Boys Girls Infants
Fishamble Street	Boys Girls Infants
Strand Street C.B.	Boys
Grangegorman	Boys Girls Infants
Crumlin, Loreto	Girls Infants
Aughrim Street	Boys Girls Infants
Baldoyle N.S.	Boys
East Wall	Boys
Westland Row, C.B.	Boys
Wellington Street	Girls Infants
Camden Row	Boys Girls Infants
Rialto, St. James	Boys Girls Infants
Finglas, St. Canice's	Boys Girls Infants
St. Mary's Place C.B.	Boys
Strand St. Convent	Girls Infants
Baldoyle Convent	Girls Infants

Finglas Convent ...	Girls Infants
Kildare Place	Boys Girls Infants
Finglas Boys	Boys
Coombe Convent ...	Girls Infants
Clareville Road ...	Boys Girls Infants
Pearse St., St. Andrew's	Boys Infants
George's Hill Convent ...	Girls Infants
City Quay	Boys
Halston Street	Boys Infants
Inchicore, Central ...	Boys Girls Infants
Mountjoy St., Josephian	Girls Infants
Meath Street	Boys Girls Infants
Ringsend N.S.	Boys Girls Infants
North King Street ...	Girls Infants
Grantham Street ...	Girls Infants
Dorset St., St. Joseph's	Boys Infants
Baggot St. Convent ...	Girls Infants
John's Lane	Boys Girls Infants
Howth Road ...	Boys Girls Infants
Harold's Cross, Our Lady's Mount.	Girls Infants
Crumlin C.B. ...	Boys
Ballyfermot Convent ...	Girls Infants
Earlsfort Terrace ...	Girls Infants
Liffey Street	Girls Infants
East Wall Convent ...	Girls Infants
Baldoyle Hospital N.S.	Boys Girls Infants

DEFECTS FOUND DURING YEAR ENDED 31st DECEMBER, 1955.

Total number examined during the year, 22,741.

DEFECTS	Defects requiring treatment	Defects requiring observation
Speech	201	189
Mental Condition	23	117
Hearing	27	138
Vision	4,351	3,784
Clothing	492	3,748
Footgear	755	4,873
Hair and Scalp	915	2,979
Body	343	2,930
Vaccination Nil	19,667	—
*Inoculation Nil	16,997	—
Nutrition	453	2,020
Glands Enlarged	105	3,426
Teeth	12,949	1,839
EAR :—		
Otitis Media	33	41
Other Diseases	9	10
NOSE AND THROAT :—		
Enlarged Tonsils and Adenoids ...	1,537	5,219
Other Defects	142	275
EYE :—		
Blepharitis	161	451
Conjunctivitis	59	61
Squint	549	308
Other Diseases	43	123
SKIN :—		
Ringworm, Head	2	4
Ringworm, Body	12	13
Scabies	4	1
Impetigo	51	116
Other Diseases	360	651
HEART AND CIRCULATION :—		
Organic Heart Disease	39	126
Functional Heart Disease ...	18	280
Anaemia	92	1,361
LUNGS :—		
Bronchitis	48	212
Other Defects	47	88
Definite Pulmonary T.B. ...	30	63
Suspected Pulmonary T.B. ...	2,200	696
Definite Non-Pulmonary T.B. ...	3	8
Suspected Non-Pulmonary T.B. ...	10	3

* Verbal reply from child in response to verbal question during routine examination.

DEFECTS	Defects requiring treatment	Defects requiring observation
NERVOUS SYSTEM :—		
Epilepsy	3	2
Chorea	4	6
Other	31	201
DEFORMITIES :—		
Rach	6	276
Spinal Curvature	1	3
Other	132	455
POSTURAL DEFECTS :—		
Round Shoulders	225	3,640
Scoliosis	22	68
Flat Feet	371	1,656
OTHER CONDITIONS :—		
Infectious Diseases	1	14
Rheumatism	2	28
Rickets	55	1,775
Hernia	3	17
Other Diseases	347	933

DEFECTS TREATED—SCHOOL CHILDREN, 1955.

Skin	EXTERN :	
	Ringworm Scalp	19
	Ringworm Body	25
	Impetigo	99
	Eczema	7
	Furunculosis	2
	Verrucae	43
	Dermatitis	52
	Alopecia	11
	Urticaria	8
	Other Conditions	41
	Visits to O.P.D.	1,030
	INTERN :	
	Impetigo	2
	Keloid	1
Eye	EXTERN :	
	Defective Vision (including Squint)	3,781
	Blepharitis	168
	Conjunctivitis	74

	Phlyctenular Disease	6
	Corneal Ulcer	6
	Keratitis	6
	Hordeolum	26
	Cataract	1
	Cyst	3
	Chalazion	5
	Corneal Herpes	1
	Episcleritis	2
	Dacryocystitis	2
	Visits to O.P.D.	595
	INTERN :	
	Squint Operations	172
	Cataract	2
	Keratitis	2
	Corneal Ulcer	1
	Chalazion	4
	Inflammation of Eye	4
	Blocked Tear Duct	3
	Enucleation	1
	Division of Synechia	1
	Other Conditions	7
Ear	EXTERN :	
	Otitis Media	37
	Defective Hearing	6
	Mastoid	19
	Aural Polypus	3
	Otorrhoea	44
	Other Conditions	9
	Visits to O.P.D.	425
	INTERN :	
	Otitis Media	6
	Mastoid	16
	Defective Hearing	1
	Polypus	3
	Otorrhoea	3
Nose & Throat	EXTERN :	
	Antrum Infection	49
	Sinusitus	11
	Nasal Obstruction	12
	Nasal Discharge	28
	Epistaxis	3
	Deflected Septum	1
	Visits to O.P.D.	288

INTERN :

Antrum Infection	16
Furunculosis	1
Epistaxis	1
Tonsil and Adenoid Operations	1,921

Orthopaedic

EXTERN :

Club Feet	68
Pes Planus	321
Pes Cavus	9
Hallux Valgus	9
Hammer Toes	1
Genu Valgum	8
Genu Varum	1
Perthes Disease	7
Coxa Vara	2
Congenital Dislocation of Hip	4
Round Shoulders	53
Scoliosis	15
Kyphosis	5
Sprengel's Deformity	1
Torticollis	13
Supernumerary Digits	1

OTHER CONDITIONS :

Contracture of Limb	1
Sequlae of Poliomyelitis	63
Shortening of Limb	5
Hemiplegia	1
Achondroplasia	1
Other Defects	8

X-Ray Examinations	249
Attendances for Physiotherapy	4,951
Physiotherapy Treatment (Post A.P.M.)	2,446

INTERN :

Perthes	14
Congenital Dislocation of Hip	10
Coxa Vara	2
Osteochrondritis	1
Septic Arthritis	1
Scoliosis	1
Kyphosis	2
Club Feet	14
Pes Cavus	2
Pes Planus	4
Hammer Toes	7

Neuroma	1
Genu Valgum	4
Spastic Paralysis	10
Sequlae of Poliomyelitis	45
Torticollis	1
Cyst	2
Sprengel's Deformity	1
Congenital Deformity of Leg ...	1
Spina Bifida	2
Fragilitas Ossium	1
Webbed Fingers	2
Multiple Exostoses	1
Muscular Dystrophy	2
Osteomyelitis	2

Orthopaedic Appliances supplied (including renewals and Repairs)	1,415

Attendances at Cerebral Palsy Clinic :—

No. of Patients	58
No. of attendances	6,602

OTHER CONDITIONS TREATED.

Surgical	INTERN :	
	Patients treated ...	16
Medical	INTERN :	
	Patients treated ...	83
	EXTERN :	
	Patients treated ...	16

SPECTACLES, ETC.

Spectacles supplied	2,740
Spectacles repaired	2,437
Occluders supplied	27
Artificial Eyes supplied	15

	Attendances
Ear, Nose & Throat Clinic ...	4,597
*Orthopaedic Clinic	805

*See report Post-Polio Scheme.

DENTAL TREATMENT SCHEME.

1955	Extractions Local Anaesthetic	Extractions General Anaesthetic	Fillings	Dressings and Scalings
Dental Clinics ...	29,173	18,107	10,555	6,610

Total number of attendances at Dental Clinics ...	25,714
Total number of examinations at Dental Clinics ...	11,583

Intern Treatment for Cleft Palate	3

CHILD GUIDANCE CLINIC.

Number of Patients* who attended during the year 1955 :—

September	12
October	17
November	26
December	22

* This includes children of pre-school and school age.

TREATMENT OF HANDICAPPED CHILDREN.

Physically Handicapped.

Admitted to Residential Schools during the year 1955.

St. Joseph's School for the Blind, Drumcondra.	Boys	2
St. Mary's School for the Blind, Merrion Road.	Girls	1
St. Joseph's School for Deaf/Deaf Mute, Cabra.	Boys	10
St. Mary's School for the Deaf/Deaf Mutes, Cabra	Girls	7

Epileptics.

Blessed Oliver Plunket Colony, Mulhuddart.	Boys	2

Mentally Handicapped.

Admitted to St. Vincent's Home, Navan Road, Cabra ...	7
Admitted to St. Augustine's Colony, Blackrock ...	13
Admitted to Glenmaroon and/or Clonsilla	7

HOSPITAL SCHOOLS—Admitted during the year 1955.

Linden	142
Cabinteely	33
Orthopaedic Hospital, Clontarf	44
St. Mary's Open-air Hospital, Cappagh	11
Auxiliary Open-air Hospital, Baldoyle	Nil

CONVALESCENT HOMES.

Cheeverstown	254

REPORT ON DIPHTHERIA IMMUNISATION SCHEME FOR 1955.

(1) Children Fully Immunised against Diphtheria :—	
Number of Pre-School Children—(D.P.P. and P.T.A.P.)	4,658
Number of School Children	1,683
Number of Booster Doses	3,540
(2) Number of Pre-School Children Fully Immunised against Diphtheria and Whooping Cough	4,174
(3) Number of Children Immunised against Whooping Cough only	79

Pre-School Children.

During the year 1955 there were 12 centres in operation in the city for the immunisation against Diphtheria of pre-school children, and 16 sessions were held each week at these centres. At the beginning of November the clinic held at Cashel Road was discontinued and a new clinic commenced at the Pembroke Welfare Centre, Irishtown Road.

Parents and guardians of children were notified and encouraged to bring them to the various centres for immunisation by the following methods :—

(1) A circular was posted to the parent or guardian of each child who reached the age of eight months. This circular emphasised the importance of early inoculation, giving a list of the Anti-Diphtheria clinics and the hours of attendance at them. There were 11,222 of these circulars posted during the year.

(2) The Medical Officers in charge and the nurses who assisted at the Child Welfare Clinics gave valuable help by urging mothers to bring their children for immunisation.

(3) The Health Visitors attached to the Child Welfare Department during their visits to the

children's homes stressed the need for early immunisation.

(4) The press and radio were also used.

The total number of Pre-school children fully immunised against diphtheria was 4,658 of which 4,174 were fully immunised against both Diphtheria and Whooping Cough.

SCHOOL CHILDREN.

Throughout the year children were immunised at their schools. 28 schools were visited, 65 visits in all being made. 12 visits were made to 7 institutions. 10,079 consent forms were sent to the parents of these school children. The number of school children fully immunised was 1,683, and the number of Booster Injections given was 3,540.

REPORT ON THE INCIDENCE OF DIPHTHERIA FOR THE YEAR 1955.

Number of cases of Diphtheria notified ...	64
Number of deaths	13

It is regrettable to note that during the past year the number of cases notified and the number of deaths have increased from 17 in 1954 with 4 deaths to 64 in 1955 with 13 deaths. This has caused great concern and is attributed to the fact that parents have become very indifferent towards having their children immunised. To counteract this indifference and to make parents fully aware of the dangers of this disease a publicity campaign through the press and radio was inaugurated by the City Medical Officer. This had the effect of bringing large numbers to our clinics so that it was necessary to extend the hours of attendance at all clinics and three doctors were employed on a sessional basis. The first injections carried out during this campaign will be reflected in the increased numbers for the coming year and which increase we trust will be maintained.

CATHERINE TYNAN,
M.O. Anti-Diphtheria Branch.

REPORT ON OPERATION OF MIDWIVES ACT, 1944.

and the

REGISTRATION OF MATERNITY HOMES ACT, 1934.

MIDWIVES ACT, 1944.

During the year 1955, 235 Midwives gave the required notice of their intention to practise within the area of the Local Supervising Authority.

In conformity with the Rules of An Bord Altranais, the midwives were visited at intervals throughout the year at their own homes. Special attention was given to personal cleanliness of the midwives and the conditions of their homes and the necessary appliances, bag contents, etc. The Registers, containing the entries of births attended by midwives, were examined and were, with very few exceptions, found to be correctly kept.

No midwife was reported for breach of the Rules and Regulations in the period.

No unregistered woman was found practising.

Inspection of Midwives.

The total number of visits made during the year 1955 was 406, as compared with 434 in the previous year. In addition 1,119 visits (to Maternity Hospitals, homes of patients, etc.) were made during the year, as compared with 1,096 in the previous year.

REGISTRATION OF MATERNITY HOMES ACT, 1934.

The number of Homes registered under the above Act in the City on the 31st December, 1955, was 25. No new application for registration was received during the period under review. Two Nursing Homes closed at the owners' request. The Homes on the Register at the end of the year numbered 25 and 5 Institutions.

Throughout the year the Nursing Homes were visited regularly by the Deputy Inspector. 210 inspections were made.

The condition of the Homes generally was found satisfactory.

A. Tierney, R.G.N., R.N.,

Deputy Inspector of Midwives.

VERGEMOUNT FEVER HOSPITAL, CLONSKEAGH.

During the year ended 31st December, 1955, one thousand nine hundred and thirteen cases were admitted to Vergemount Fever Hospital. 120 cases remained in Hospital at the close of the year 1954, and the total number under treatment was 2,033. There were 33 deaths and 1,845 were discharged cured.

The mortality rate for all cases under treatment was 1·62 per cent. as compared with 1·72 per cent. in 1954 and 1·93 per cent. in 1953.

The number of admissions for the year showed an increase of 216 over the previous year. Measles, whooping cough and scarlet fever accounted for approximately fifty per cent. of the total admissions. Measles again heads the list of admissions ; the type admitted was a severe one. Diphtheria shows an increase over the previous year. The type was a virulent one (Gravis) and this infection caused six deaths. These deaths are solely due to the failure of parents and guardians to avail of the facilities provided at the Public Health Clinics for immunisation. In spite of Radio broadcasts and press notices, little heed was taken by the parents.

Doctors Carey and Cummins left the staff on 30th June, 1955, to take up other medical posts. Dr. W. McQuillan and Dr. E. Killian were appointed in their places. Sister McLoughlin retired in June having reached the age limit. Miss Cusack was appointed Catering Superintendent on transfer from Rialto Hospital. Nurses Larkin and McAtarsney were appointed Staff Nurses in September.

The Minister for Health, Mr. T. F. O'Higgins, inspected the Hospital on 6th May.

Numerous repairs and paintings were carried out both in the Hospital and Nurses' Home during the year. One Block (Ward Block) was again closed during the year and was held ready for admissions of cases of Smallpox or suspected cases.

Clinical instruction in Infectious Diseases was given to students of National University, Trinity

College, Royal College of Surgeons and also to candidates seeking the Diploma in Child Health. Clinical examinations in Fevers for both the Diploma in Child Health and the Diploma in Public Health were held in June, September and December.

The ambulance service for St. Clare's Hospital was again continued throughout the year. Cases of Gastro-Enteritis (under 2 years) were admitted to Vergemount Fever Hospital, when beds were not available in St. Clare's Hospital.

I would like to thank Doctors Carey, Cummins, McQuillan and Killian for their loyal co-operation during a busy year. My thanks are due to Mr. T. A. Bouchier-Hayes (Surgeon); Dr. A. Mooney (Ophthalmic Surgeon); Mr. D. P. Murray (Orthopaedic Surgeon); Dr. C. D. O'Connell (Ear, nose and throat Surgeon) and to Dr. Stritch (City Bacteriologist).

The nursing of the patients has been efficiently carried out under the supervision of Miss M. J. Cusack, Matron.

In conclusion I wish to thank Dr. J. A. Harbison, City Medical Officer and his staff for their help during the year.

F. N. ELCOCK, L.R.C.P.S.I., D.P.H.,
Resident Medical Superintendent.

TABLE 1.

SHOWING THE NUMBER OF ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEAR ENDING 31ST DECEMBER, 1955.

Disease	Number of Cases Admitted	Number Died	Case Mortality
Measles	447	2	0·45
Pertussis	271	4	1·47
Scarlet Fever	238	—	—
Acute Tonsillitis/Streptococcal Throat	166	—	—
Diarrhoea and Enteritis (under 2 years)	80	9	11·25
Varicella	69	—	—
Diphtheria	53	6	11·32
Epidemic Parotitis ...	52	—	—
Croup (Laryngitis) ...	47	—	—
Meningism	34	—	—
Enteritis (over 2 years) ...	33	—	—
Rubella	25	—	—
Infective Hepatitis ...	16	—	—
Influenza	14	—	—
Erysipelas	13	—	—
Infective Mononucleosis ...	12	—	—
Influenzal Pneumonia ...	11	1	9·09
Bronchopneumonia ...	9	1	11·11
Dysentery (Flexner) ...	9	—	—
Impetigo Contagiosa ...	9	—	—
Meningitis (Purulent) ...	8	1	12·50
Poliomyelitis	6	1	16·66
Cerebro-spinal Fever ...	5	1	20·00
Tuberculous Meningitis ...	5	2	40·00
Dysentery (Sonne) ...	4	—	—
Lobar Pneumonia	3	—	—
Food Poisoning	3	—	—
Acute Asceptic Lymphocytic Meningitis	2	—	—
Acute Laryngo-Tracheo Bronchitis	2	1	50·00
Pneumococcal Meningitis ...	1	—	—
Virus Pneumonia	1	—	—
Enteric Fever	1	—	—
Weil's Disease	1	—	—
Tinea Capitis	1	—	—
Miscellaneous	262	4	1·52
TOTAL	1,913	33	1·72

SCARLET FEVER.

Two hundred and thirty-eight cases were admitted for treatment which shows a decrease of 69 from the previous year. There were no deaths.

The type of scarlet fever again continues to be of a mild type. Four cases of surgical Scarlet Fever were admitted, together with occasional cases of subtoxic and subseptic Types.

The following complications were noted in some of the cases :—

ADENITIS
RHINITIS
OTITIS MEDIA
ABSCESSES
WHITLOWS
ARTHRITIS
ENDOCARDITIS
ALBUMINURIA
NEPHRITIS
PYELITIS

Two cases on admission suffered concurrently with Scarlet Fever and Pertussis ; and one case with scarlet fever and varicella.

Table 3 shows the number of scarlet fever admissions for the past sixteen years.

TABLE 2.

SHOWING THE NUMBER OF SCARLET FEVER CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1955.

	0—4	5—9	10—14	15—24	25+>	Total
Male ...	52	39	13	5	—	109
Female	43	59	19	8	—	129
Total ...	95	98	32	13	—	238

TABLE 3.

SHOWING THE NUMBER OF SCARLET FEVER ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940–55.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940 ...	172	2	1·16
1941 ...	167	—	—
1942 ...	291	—	—
1943 ...	129	—	—
1944 ...	129	—	—
1945 ...	123	—	—
1946 ...	103	—	—
1947 ...	171	—	—
1948 ...	1,148	—	—
1949 ...	841	1	0·12
1950 ...	695	—	—
1951 ...	346	—	—
1952 ...	292	1	0·34
1953 ...	381	—	—
1954	309	—	—
1955 ...	238	—	—
Total ...	5,533	4	0·07

MEASLES.

Four hundred and forty-seven cases were admitted, which shows a decrease of 91 from the previous year. There were two deaths, giving a mortality rate of 0.45 per cent. as compared with 1.11 per cent. in 1954 and with 1.65 per cent. in 1953.

Of the two deaths, one was a baby 1½ years (4 days ill before admission) admitted in a semi-comatose condition who died within twenty-four hours from Cerebral Haemorrhage and Bronchopneumonia following measles; the other death occurred in a baby 1 year who died within eight hours after admission from Bronchopneumonia following measles.

The type of measles admitted during the year was a severe one, especially in infants who required expert nursing. Many of these patients required a long convalescence in hospital following chest and other complications.

The following complications occurred in some of the recovered cases:—

BRONCHITIS
LARYNGITIS
BRONCHO-PNEUMONIA
ENTERITIS
ADENITIS
CONJUNCTIVITIS
BLEPHARITIS
STOMATITIS
CORNEAL ULCER
RHINITIS

Table 5 shows the number of measles admissions for the past sixteen years. Three cases on admission suffered concurrently with Measles and Varicella; and one case with Measles and Mumps.

TABLE 4.

SHOWING THE NUMBER OF MEASLES CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1955.

	0—1	2—4	5—9	10—14	15+>	Total
Male	80	65	49	5	11	210
Female	99	76	34	14	14	237
Total ...	179	141	83	19	25	447

TABLE 5.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1940–1955.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940 ...	46	4	8·70
1941 ...	108	7	6·48
1942 ...	43	3	6·97
1943 ...	13	—	—
1944 ...	45	—	—
1945 ...	81	2	2·47
1946 ...	70	7	10·00
1947 ...	250	7	2·80
1948 ...	140	5	3·57
1949 ...	196	4	2·04
1950 ...	340	5	1·47
1951 ...	243	3	1·23
1952 ...	250	3	1·20
1953 ...	363	6	1·65
1954	538	6	1·11
1955	447	2	0·45
Total	3,173	64	2·01

PERTUSSIS.

Two hundred and seventy-one cases were admitted during the year, showing an increase of 215 over the previous year. There were four deaths giving a mortality rate of 1·47 per cent. as compared with 1·78 per cent. in 1954 and with 2.17 per cent. in 1953. Of the three deaths, one was a baby of three months who developed Bronchopneumonia and died within thirty-six hours after admission ; a second, a baby of eight months with severe spasms and complicated by Enteritis on admission subsequently developed Bronchopneumonia and died on the ninth day after admission ; the third, a baby of three months who developed convulsions with an acute heart attack and expired within a few minutes of onset. Clinically the cause of death was due to collapse of the lung. A post mortem examination was refused by the parents ; and the fourth, a baby of three months (wasted on admission) whose spasms were very severe and who did not respond to the newer antibiotics. This baby was difficult to feed and continued to lose weight. Bronchitis complicated the disease and death occurred in the fourth week.

The best results obtained in the treatment of whooping cough were due to use of the newer antibiotics. The majority of the cases admitted for treatment were in the second or third week of the illness, and while the antibiotics lowered considerably the fatality rate the period of convalescence was not shortened. Many cases showed marked bronchitis, and X-Ray of the chest was required to be repeated before the patient was fit to be discharged.

The complications noted in some of the recovered cases were as follows :—

Bronchitis.
Broncho-pneumonia.
Acute Miliary Tuberculosis.
Fibrosis of Lung.
Stomatitis.
Laryngitis
Enteritis.
Rhinitis.
Otitis Media.
Epistaxis.
Ulcer Fraenium Tongue.
Haemoptysis.
Subconjunctival Haemorrhage.

Table 6.

Showing the Number of Pertussis cases Classified in Age and Sex Groups for the Year 1955.

	0—1	2—4	5—9	10 and over	Total
Male ...	78	34	15	—	127
Female ...	88	37	18	1	144
Total ...	166	71	33	1	271

Table 7 shows the number of Pertussis admissions for the past sixteen years.

TABLE 7.

SHOWING THE NUMBER OF WHOOPING COUGH ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940–1955.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940 ...	25	5	20·00
1941 ...	69	11	15·95
1942 ...	64	16	25·00
1943 ...	10	1	10·00
1944 ...	12	2	16·66
1945 ...	42	6	14·28
1946 ...	110	22	20·00
1947 ...	108	46	22·48
1948 ...	49	4	8.16
1949 ...	161	23	14·28
1950 ...	199	10	5·02
1951 ...	188	8	4·25
1952 ...	267	2	0·75
1953 ...	276	6	2·17
1954	56	1	1·78
1955	271	3	1·10
Total	2,007	169	8·42

DIARRHOEA AND ENTERITIS (Under Two Years).

Eighty patients were admitted for treatment, showing an increase of 44 over the previous year. There were nine deaths giving a mortality rate of 11.25 per cent. as compared with 6.66 per cent. in 1954. The type of Enteritis was a very severe one and many babies under three months were attacked.

TABLE 8.

SHOWING AN ANALYSIS OF DEATHS FROM GASTRO-ENTERITIS FOR THE YEAR 1955.

Ref. No.	Age and Sex	Days ill before Admission	Observations
642	10 days Female	3	Dehydrated on admission—motions frequent, relaxed and green. Suddenly became collapsed and cyanosed. Did not respond to treatment. Vomiting and diarrhoea 3 days before admission. Morasmic baby. Died within 24 hours of admission.
1102	1 year Male	?2	Dehydrated baby on admission—vomiting and green motions, Bronchopneumonia developed and patient died two days after admission. No response to treatment.
1293	9 months Female	21	Dehydration marked on admission. Restless —vomiting and green motions—Toxic. Died within 36 hours after admission.
1296	10 weeks Female	6	Child losing weight—persistent green motions, gradually became dehydrated due to frequent vomiting. Intravenous salines (drip) administered. Achromycin orally and intramuscular—no response—patient died 14 days after admission from profound prostration and toxaemia.
1301	9 months Male	?3	Vomiting and green motions prior to admission ; gradually went down hill, developed Bronchopneumonia and died three days after admission.
1414	7 months Female	5	Vomiting and frequent green motions before admission. On admission evidence of dehydration and Toxaemia. Intravenous (drip) Saline with Glucose and Ringer Lactate Solution—spasms of hands and feet tonic at first and then clonic followed by mystagmus — developed Bronchopneumonia and death due to Cerebral Haemorrhage following a severe attack of Gastro-Enteritis.
1417	5 months Male	7	Vomiting and green motions prior to admission (7 days). Did not respond to treatment, and died three days after admission from acute toxaemia.
1461	14 months Female	?3	Vomiting all feeds and frequent green motions before admission. Had been treated for Gastro-enteritis and discharged one week before developing a second attack of Gastro-enteritis. Patient developed Broncho-Pneumonia and died five days after admission from acute Toxaemia and Broncho-pneumonia following acute Gastro-enteritis.

TABLE 8. (*Contd.*)

Ref. No.	Age and Sex	Days ill before Admission	Observations
1694	9 months Male	7	Vomiting and green motions 1 week before admission. Responded to treatment for one week. Developed Bronchopneumonia and died within three days.

DIPHTHERIA.

Fifty-three cases were admitted which shows an increase of 27 over the previous year. There were six deaths giving a mortality rate of 11.32 per cent. as compared with 15.38 per cent. for the year 1954. Of the six deaths, five were admitted beyond medical aid. It was noted that three were admitted on the third day of the illness ; one on the sixth day ; one on the seventh day ; and one on the 14th day.

It is a very regrettable fact that of the six deaths, not one of them was immunised and of the forty-seven cases which recovered, only six of them were immunised.

A perusal of Table 10 shows an analysis of the Diphtheria deaths.

TABLE 9.

SHOWING THE NUMBER OF DIPHTHERIA CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1955.

	0—4	5—9	10—14	15—24	25 and over	Total
Male	8	12	2	1	1	24
Female	10	11	4	3	1	29
Total	18	23	6	4	2	53

TABLE 10.

SHOWING AN ANALYSIS OF DEATHS FROM DIPHTHERIA FOR THE YEAR, 1955.

Ref. No.	Age and Sex	Days ill before Admission	Observations
450	3 years Female	14	Complained of sore throat 14 days before admission—treated by Penicillin and Penidural—on admission palatal paresis, muffled heart sounds plus extrasystales. Developed Pharyngeal paralysis, followed by Diaphragmatic paralysis and patient died on the 23rd day after admission from Bulbar Paralysis. No response to treatment in a mechanical respirator. *Patient had not been immunised.*
465	5 years Male	7	On admission extreme toxaemia—necrotic membrane covering both tonsils, uvula, soft palate. Bull neck gravis type of diphtheria, Bilateral purulent Rhinorrhoea also present. Pulseless at times—restless —marked myocarditis. Patient collapsed and died two hours after admission. *Patient had not been immunised.*
478	5 years Male	?3	On admission very toxic—necrotic membrane covering both tonsils and uvula. Faucial oedema well marked together with " Bull Neck ". Heart sounds became muffled. After three days heart developed gallop rythm and patient had a severe heart attack. Patient died 7 days after admission. No response to treatment even with 150,000 units A.D.S. *Patient was not immunised.*
1588	3½ years Male	?3	On admission very toxic—necrotic membrane covering both tonsils, faucial oedema and " Bull Neck ". On 7th day albuminurial XX. On the 11th day he developed a heart attack. On 4th week developed left internal strabismus. On 5th week palatal paresis was followed by regurgitation. Pharyngeal Paralysis was then followed by Diaphragmatic paralysis. Patient was put into a mechanical respirator. He died from Bulbar paralysis on 38th day after admission. *Patient was not immunised.*
1697	5 years Male	?3	On admission both tonsils covered with membrane—adenitis also well marked. Developed albuminuria. Early cardiac failure (severe attack) on the 5th day after admission. Had a second heart attack, collapsed and died. *Patient was not immunised.*

TABLE 10. (*Contd*).

Ref. No.	Age and Sex	Days ill before Admission	Observations
1844	3½ years Male	6	Necrotic membrane covering both tonsils. Bilateral adenitis well marked, also bilateral blood stained Rhinorrhoea. Heart attack two days after admission. Further heart attack on the 5th day after admission—gallop rhythm and muffled heart sounds. Gradually developed peripheral failure due to damage of bundle of His by toxic and Vagus degeneration. Patient died six days after admission. *Patient was not immunised.*

TABLE 11.

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS FOR THE YEARS 1939–1955.

Year	Number of Cases Admitted	Number Died	Case Mortality
1939 ...	214	32	14·95
1940 ...	155	19	12·25
1941 ...	118	15	12·62
1942 ...	309	25	8·09
1943 ...	671	37	5·51
1944 ...	569	37	6·50
1945 ...	234	14	6·00
1946 ...	59	2	3·40
1947 ...	30	2	6·33
1948 ...	8	2	25·00
1949 ...	—	—	—
1950 ...	—	—	—
1951 ...	—	—	—
1952 ...	—	—	—
1953 ...	1 (Carrier)	—	—
1954 ...	26*	4	15·38
1955 ...	53	6	11·32
Total ...	2,446	195	7·97

* Including one case of a carrier.

MENINGITIS.

Twenty-one cases of Meningitis were treated during the year and were classified as follows :—

Type	Number	Deaths	Case Mortality
Purulent*	8	1	12·50
Meningococcal ...	5	1	20·00
Tuberculous ...	5	2	40·00
Pneumococcal ...	1	—	—
Acute Asceptic lymphocytic ...	2	—	—

* No organism isolated.

Two deaths in the Tuberculous cases occurred in a baby (2 weeks ill before admission) and a girl of three years old (ill over a fortnight before admission).

One death in the meningococcal type occurred in a boy of two years who died sixteen hours after admission from an attack of acute fulminating meningococcal meningitis. . One death occurred in a man of fifty-five years from a purulent meningitis following an attack of Influenza. Although no organism was found on culture of the Cerebro-spinal fluid the clinical history pointed to an Influenzal Meningitis.

TABLE 12.

SHOWING THE NUMBER OF TUBERCULOUS MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1944—1955.

Year	Number of Cases Admitted	Number Died	Case Mortality
1944	13	13	100·00
1945	28	28	100·00
1946	13	13	100·00
1947	15	15	100·00

TABLE 12 (*Contd*).

Year	Number of Cases Admitted	Number Died	Case Mortality
1948	5	5	100·00
1949	1	1	100·00
1950	6	6	100·00
1951	6	6	100·00
1952	6	5	83·33
1953	12	7	58·33
1954	10	1	10·00
1955	5	2	40·00
Total	120	102	85·00

TABLE 13.

SHOWING THE NUMBER OF MENINGOCOCCAL MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1944—1955.

Year	Number of Cases Admitted	Number Died	Case Mortality
1944	17	2	11·76
1945	10	—	—
1946	6	—	—
1947	13	2	15·38
1948	6	1	16·66
1949	3	1	33·33
1950	10	—	—
1951	13	1	7·70
1952	15	2	13·33
1953	12	—	—
1954	8	3	37·50
1955	5	1	20·00
Total	118	13	11·01

PNEUMONIA.

Twenty-four cases of Pneumonia were admitted to the wards during the year which shows a decrease of two from the previous year. They were classified as follows :—

Type	Number	Deaths	Case Mortality
Influenzal Pneumonia	11	1	9.09
Bronchopneumonia ...	9	1	11.11
Lobar Pneumonia ...	3	—	—
Virus Pneumonia ...	1	—	—

One death occurred in the Influenzal type—a man of sixty-five years (ill 7 days before admission) who was admitted in a moribund state and died seven hours after admission.

One death from Bronchopneumonia occurred in a baby four weeks old who was admitted in the last stages of the disease and died within two hours.

POLIOMYELITIS.

Six cases of Poliomyelitis were admitted for treatment during the year, which shows a decrease of six from the previous year. There was one death—a girl of nine years (5 days ill before admission) who on admission had paralysis of all limbs, Pharngeal, and Respiratory paralysis and who died eighteen hours after admission.

TABLE 14.

SHOWING THE NUMBER OF POLIOMYELITIS ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1944–1955.

Year	Number of cases admitted	Number Died	Case Mortality
1944	3	1	33·33
1945	8	1	12·50
1946	2	—	—
1947	9	3	33·33

TABLE 14 (*Contd*).

Year	Number of cases admitted	Number Died	Case Mortality
1948	1	1	100·00
1949	4	1	25·00
1950	8	1	12·50
1951	5	1	20·00
1952	1	—	—
1953	21	2	9·52
1954	12	—	—
1955	6	1	16·66
Total	80	12	15·00

ENTERIC FEVER.

One case was admitted—a boy aged 16 years—due to Salmonella Typhi infection (Phage Type A). He made a good recovery.

ERYSIPELAS.

Thirteen cases were admitted which shows a decrease of fifteen from the previous year. Eight cases were of the facial type and the remaining five were crural in origin. All made good recoveries.

INFECTIVE HEPATITIS.

Sixteen cases were admitted showing an increase of ten over the previous year. All made good recoveries.

INFECTIVE MONONUCLEOSIS.

Twelve cases were admitted showing an increase of eight over the previous year. All made rapid recoveries with treatment by Chloromycetin.

VARICELLA, MUMPS AND RUBELLA.

Sixty-nine cases of Varicella, fifty-two cases of Mumps, and twenty-five cases of Rubella were admitted during the year. Twelve cases of Mumps developed orchitis. All made good recoveries.

DYSENTRY AND BACTERIAL FOOD POISONING.

Thirteen cases of Dysentry were admitted ; nine being due to the Flexner type and four caused by Sonne type. All made good recoveries. Three cases of food poisoning (Salm. Typhi Murium) were admitted and all recovered.

IMPETIGO CONTAGIOSA.

Nine cases were admitted for treatment. All made rapid recoveries due to treatment by Achromycin ointment 1 per cent.

CROUP (LARYNGITIS) AND ACUTE LARYNGO-TRACHEO-BRONCHITIS.

There were forty-seven cases of Croup (Catarrhal Laryngitis) admitted for the year, showing an increase of seventeen over the previous year. These were admitted as cases of Laryngeal Diphtheria. All made good recoveries with the usual treatment.

Two cases of acute laryngo-tracheo-bronchitis were admitted. There was one death—a boy of five years (Tracheotomy performed before admission) who died eighteen hours after admission. Trachea was full of gelatinous mucopus and a laryngoscopy marked oedema and mucopus. All swabs were negative for C. diphtheriae.

INFLUENZA.

Fourteen cases were treated and all recovered.

MENINGISM.

Thirty-four cases of Meningism were treated during the year. These cases were admitted as suffering from either Tuberculous Meningitis, Cerebro-spinal Fever or Purulent Meningitis. Some of these cases may have suffered from abortive poliomyelitis. All made rapid recoveries.

ENTERITIS (Over 2 Years).

Thirty-three cases of Enteritis were treated during the year. These cases were admitted as suffering from Dysentry. All made good recoveries.

ACUTE TONSILLITIS/STREPTOCOCCAL SORE THROAT.

One hundred and sixty-six cases were admitted showing a decrease of five from the previous year. These cases were admitted as suffering from either diphtheria, or suspected cases of same. Many of these cases needed hospital treatment as they simulated closely clinical cases of diphtheria and it was necessary to carry out bacteriological examinations before they were fit for discharge and finally diagnosed as non-diphtheritic infections.

TINEA CAPITIS.

One case admitted—severe infection which cleared up slowly with treatment.

WEILS DISEASE (SPIROCHAETOSIS ICTEROHAEMORRHAGICA).

One case was admitted during the year. He was a man of twenty-one years of age and he was admitted as a case of Meningitis. On admission he had well marked icterus of conjunctivae and skin—he complained of pains in calf muscles ; loins and back ; a few petechial spots were seen on both sides of chest and back. Headache was a prominent feature. Blood examination was carried out and showed :

> " Lepto-spira Ca~~r~~Nicola ; Agglutination negative in all dilutions."

> " Leptospirohaemorrhagica : Agglutination positive 1/100 and negative at 1/300."

A further sample of blood was forwarded for examination and reported as follows :—

> " Lepto-spira icterohaemmorrhagica : agglutination positive at 1/3000, negative at 1/10000 ".

> " Lepto-spira Ca~~r~~Nicola : Agglutination positive 1/30, negative at 1/100 ".

Patient gave a history of swimming in the Grand Canal before admission. His occupation involved working in muddy stagnant pools. He made a good recovery.

MISCELLANEOUS CASES.

Two hundred and sixty-two cases were admitted as suffering from various infectious ailments. There were four deaths. An analysis of these deaths is shown in Table 15.

TABLE 15.

Ref. No.	Age and Sex	Notified As	Observations
86	21 years Female	Meningitis	Tumour of the brain secondary to melanoticsarcoma leg.
1114	1 year Male	Meningitis	Baby admitted in a moribund condition—continuous convulsions 24 hours before admission. Cerebro-spinal fluid—negative. Patient died within thirty minutes of admission.
1219	69 years Female	Bacterial food Poisoning.	A case of Diabetic Coma. Blood culture, widal' agglutination and vomitus all negative. Blood sugar 330 mg. per 100 ML. In spite of insulin treatment patient died eight days after admission.
1329	78 years Female	Erysipelas	A case of myocardial degeneration with fibrillation ; gangrene of both legs—very poor circulation both legs—inoperable. Patient died three weeks after admission.

TRANSFER OF CASES TO OTHER HOSPITALS.

Crooksling Sanatorium	One case of pulmonary tuberculosis.
Ballyowen Sanatorium	One case of Pulmonary Tuberculosis.
Children's Hospital (Harcourt St.).	One case of Pink Disease.
Dublin Fever Hospital Upper Ballyfermot.	One case of Poliomyelitis.
St. Laurence's Hospital (Richmond).	One case of cavernous sinus Thrombosis.

Mercer's Hospital	One case of acute Osteomyelitis ; One case of Granular Proctitis ; One case of Acute appendicitis.

Admissions :

1939	593
1940	744
1941	1,144
1942	1,146
1943	1,348
1944	1,591
1945	1,303
1946	1,106
1947	1,407
1948	2,245
1949	1,808
1950	1,898
1951	1,569
1952	1,611
1953	1,817
1954	1,697
1955	1,913

TUBERCULOSIS.

ST. MARY'S CHEST HOSPITAL.

During the year 1955 there was a substantial increase in the number of patients undergoing treatment in this hospital, 1,202, the largest number to be treated in any one year since the opening of the hospital. The increase was in part due to the admission of patients from Crooksling, Ballyowen and Monaghan Sanatoria for surgical treatment. Another factor in the increase of numbers was the decision to admit patients suffering from non-tuberculous chest conditions. The length of stay of such patients is much shorter than in the case of tuberculosis patients and so a small number of beds serves a relatively greater number of cases. There were 73 such patients admitted for treatment, the majority for bronchial carcinoma.

TREATMENT.

Rest combined with chemotherapy continued to form the basis of treatment. Streptomycin with Para-amino-salicylic Acid or Isoniazid were given in nearly all cases of tuberculosis. We tend now to give these drugs over a rather longer period of time than previously.

Surgical Treatment continued to be used extensively. A list of operations carried out is detailed in the following pages.

Artificial Pneumothorax treatment has been carried out in only a few cases. The success achieved with chemotherapy and the many alternatives available in the field of thoracic surgery have reduced the scope of this form of collapse therapy but in dealing with large numbers of patients such as we encounter in this hospital one still finds the occasional patient for whom artificial pneumothorax is a satisfactory method of treatment.

Pneumoperitoneum treatment is likewise used less than formerly.

LABORATORY.

Practically all of the bacteriology investigations required for the hospital are now carried out in our own laboratory. In previous years it was necessary to have this work done in the Central City Laboratory. I hope that in the coming year it will be found possible to extend the scope of our service here to include all pathology investigations as well.

NURSING STAFF.

Miss M. E. Kelly who had been Matron in St. Mary's since 1949 applied for and received a transfer to the Matron's post in James Connolly Memorial Hospital. Five of our Staff Nurses were appointed Ward Sisters in the same hospital. Miss Kelly's place in St. Mary's was filled by the appointment of Miss N. Cahalan who had formerly been Assistant Matron in St. Mary's and in recent years was Matron in Ardkeen Sanatorium, Waterford.

In the two examinations for the Post Registration Diploma thirty-two nurses from St. Mary's were successful.

The new home for Nurses which is in process of construction will be ready in 1956 and will provide much needed accommodation for those of our nurses who at present must find living quarters in the city.

MEDICAL STAFF.

Dr. Edward Quigley, Deputy in St. Mary's, was appointed Acting Medical Superintendent of Crooksling Sanatorium. His place in St. Mary's was taken by Dr. J. Flanagan who has been a member of the senior staff here for the past six years. The resultant vacancy was filled by the appointment of Dr. Fintan Corrigan formerly of Castlereagh.

We are deeply indebted to the Hospital Library Council for the gift of books which they continue to provide for the use of our patients each year.

My grateful thanks is due to all branches of the staff for their continued good work and co-operation throughout 1955.

C. K. MACARDLE, M.D., D.P.H.,
Medical Superintendent.

	Male	Female	Total
Total number of patients treated in 1955	445	757	1,202
Total number of admissions	215	398	613
Total number of patients admitted	210	395	605
Total number of discharges	234	412	646
Total number of patients discharged	230	409	639
Total number of deaths	14	13	27
In hospital on 31/12/54	230	359	589
In hospital on 31/12/55	197	332	529

Bed Turnover, 0.278; Average length of stay, 333.9 days; Turnover Interval, 6.581 days; Percentage Occupancy, 97.8. Total number of beds, 606.

Classification of Patients on Admission.

	T.B. Minus	T.B.+1	T.B.+2	T.B.+3	Non-Pul.	Non-T.B.
Male ...	68	6	68	26	—	47
Female	135	15	206	31	2	9
	203	21	274	57	2	56

Classification of Patients following Institutional Investigation.

	A1	A2	A3	B1	B2	B3	Non-Pul.	Non-Tub.	Not Classified
Male	9	27	2	5	83	28	—	58	3
Female ...	34	60	4	12	222	44	2	15	5
	43	87	6	17	305	72	2	73	8

Age Groups on Admission.

	Under 15 yrs.	15/24	25/34	35/44	45/54	55/64	65 and over
Male	3	40	38	29	25	18	4
Female ...	4	144	136	55	24	14	6
	7	184	174	84	49	32	10

Family History.

Male 32 (20·5%). Female 91 (23·7%).

Length of Time in Hospital—Patients discharged during year 1955.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	over 1 year
Male	6	7	2	7	22	16	11	114
Female ...	6	11	32	34	40	36	47	195
	12	18	34	41	62	52	58	309

Reason for Discharge.

	Medical	Own Accord	Transferred to other hospitals	Dismissed	Died
Male	137	35	11	2	14
Female ...	271	71	56	1	13
	408	106	67	3	27

Condition on Discharge.

	Arrested or Quiescent	Improvement	No Improvement	Worse
Male	36	126	20	3
Female ...	89	277	31	2
	125	403	51	5

Sputum on Discharge.

	Pos. to Neg.	Pos. to Pos.	Neg. Pos. Neg.	Neg. to Neg.	Not Classified	Non-T.B.
Male ...	117	19	1	45	3	49
Female	296	8	2	88	5	13
	413	27	3	133	8	62

Classification of Non-Tuberculous Cases Admitted during 1955—(58 Male ; 15 Female).

	Male.	Female.
Carcinoma	31	3
Parotid Tumour	—	1
Bronchiectasis	12	2
Lung Abscess	5	1
Spontaneous Pneumothorax	4	1
Sarcoidosis (Pulmonary)	1	—
Influenzal Pneumonia	—	1
Asthma	—	2
Goitre	—	2
Mediastinal Cyst	—	1
Duodenal Peptic Ulcer plus oesophageal diverticulum	—	1
Costal Osteoma	1	—
Ruptured Diaphragm	1	—
B. Coli Empyema	1	—
Haemoptysis ? cause	2	—

Treatment Carried Out during 1955.

Patients who had Postural Retention	62
Patients who had Chemotherapy	869

Artificial Pneumothorax Treatment.

Inductions Attempted	12
Patients admitted with A.P.	—
A.P. abandoned and failed	5
Refills	252
Pleural Effusions requiring aspirations	2

Artificial Pneumoperitoneum Treatment.

Inductions	53
Patients admitted with P.P.	2
P.P. Abandoned	40
Refills	1,877

THORACOTOMY	16	(7 Inoperable Carcinoma)
PNEUMONECTOMY	14	(8 Carcinoma, 6 Pul. T.B.).

LOBECTOMY	42	(33 Pul. T.B. 3 Bronchiectasis, 1 Pul. Abscess, 5 Carcinoma).
SEGMENTAL RESECTION	30	(Pul. T.B.).
THORACOPLASTY	188	Stages
1st Stage	88	
2nd Stage	72	
3rd Stage	13	
Holst	11	
Bjorr	1	
Roberts	1	
Anterior	2	
CORRECTIVE THORACOPLASTY	16	
PNEUMOPLASTY	6	
PLOMBAGE	6	
DECORTICATION	1	
Rib Resection & Drainage of Empyema	7	
Adhesion Section	5	
Thoracoscopy only	2	
Phrenic	1	
Bronchoscopy	107	
Resection Cervical Glands	1	
Monaldi Catheter Drainage	2	
Thyroidectomy	2	
Appendicectomy	2	
Herniorraphy	2	
Minor Operations	30	
Blood Transfusions	462	
Aspiration of pleural effusion	294	

Investigations.

X-Ray Examinations	9,814
Fluoroscopic Examinations	2,528
B.S.R.	9,124
Sputum Examinations :	
Direct Microscopy	4,287
Cultures	1,836
Guinea Pig Inoculations	56
Gastric Lavage Cultures	493
Laryngeal Swab Cultures	373

Sputum Examinations for Carcinoma Cells	134
C.S.F. Examinations	6
Pleural Fluid Examinations	79
Full Blood Count Examinations	918
Blood Sugar Examinations	56
Blood Protein Examinations	41
Blood Urea Examinations	52
Blood Culture Examinations	12
Blood Widal Examinations	4
Blood Cholesterol Examinations	10
Serum Calcium Examinations	7
Serum Potassium & Chlorides	4
Serum Potassium & Sodium	17
Special Urine Examinations	528
Guinea Pig Inoculation of Urine	15
Faeces Examinations	9
Fractional Meal Tests	8
Bilirubin—Van den Bergh Tests	1
Paul Bunnell Tests	3
Prothrombin Time	13
Eosinophil Count	35
Sensitivity Drug Tests	85

Complications.

Pleural Effusion requiring Aspiration	11
T.B. Empyema (5 patients admitted with Empyema)	6
Broncho Pleural Fistula	9
Spontaneous Pneumothorax	5
Haemoptysis (Severe)	19
T.B. Eye	1
T.B. Laryngitis	12
T.B. Adenitis	5
T.B. Chest Wall Abscess	1
T.B. Spine	6
T.B. Hip	1
T.B. Knee	3
T.B. Ankle	1
T.B. Kidney	3
T.B. Epididymitis	1
T.B. Peritonitis	1

T.B. Pericarditis	1
T.B. Intestines	1
T.B. G.U. Tract	1
Diabetes	4
Chronic Otitis Media	4
Rheumatoid Arthritis	5
Asthma	8
Mitral Stenosis	1
Appendicitis	3
Severe Hypochromic Microcytic Anaemia	11
Bronchiectasis	2
Massive Atelectasis	4
Duodenal Ulcer	2
Gastric Ulcer	1
Carcinoma of the Oesophagus	1
Thrombo-phlebitis (leg)	3
L. Phrenic Palsy	1
Recurrent Laryngeal Palsy (post-op.)	1
Amyloid Disease	2
Cholecystitis	1
Epilepsy	4

Allergy to Chemotherapy.

Skin Allergy due to Streptomycin or P.A.S.	11
Dizziness on Streptomycin	3

During the year 1955—

883 patients were examined by the Ear, Nose and Throat Consultant.
1,938 patients were examined by Dental Surgeon.
738 patients had extractions.
273 patients had fillings.
124 patients had dentures.
132 Patients were examined by Ophthalmologist.
862 ex surgical patients had post-operative checks up.

RIALTO HOSPITAL

AND

JAMES CONNOLLY MEMORIAL HOSPITAL.

On the 4th and 5th July, 1955, the patients from Rialto Hospital were transferred to the new Dublin Regional Chest Hospital which had been formally opened by the Minister for Health and handed over by the latter to the Dublin Corporation on the 21st April preceding, and named the James Connolly Memorial Hospital in memory of one of the executed leaders of 1916.

The Report for 1955 is consequently presented in two parts—one from January to June, inclusive, covering the half-year period for Rialto Hospital and the other, July to December, inclusive, for the first six months of the working of the new hospital.

Upon the opening of the James Connolly Memorial Hospital 320 beds were ready for occupation and during this first six months, two further units, each of 40 beds, became available, one in September and the other in November. Thus, of the 520 beds, which the institution, when completed, will contain, all but four non-pulmonary units, each of 30 beds, were open and available for occupation by the end of the year. During the change-over period there was some disorganisation of admissions and discharges consequent upon the closing of Rialto and the opening of the new institution, with the result that there were many empty beds during the months of June and July. Consequently the figures for Turnover Interval and Percentage Occupancy deviate grossly from normal limits. This appertains particularly to the admission to the James Connolly Memorial Hospital of non-tuberculous patients, to whom all 28 beds on the ground floor of the hospital were allocated. Admissions to these beds were so few in the early months as to grossly distort all the relevant statistics.

With regard to treatment, very little need be added to the remarks contained in last year's Report, except possibly, to indicate that the trend of chemotherapy is now in the direction of giving more prolonged courses, and of giving the three drugs Streptomycin, I.N.H. & P.A.S. together rather than in combinations. It might also be observed that there is some falling off in the amount of thoracic surgery, and this again is the inevitable result of the more vigorous and prolonged chemotherapy regime, falling mortality figures and possibly detection and hospitalisation of cases at an earlier stage.

Owing to the utilisation of the recreational centre as a temporary Roman Catholic Chapel during the building of the latter, Occupational Therapy and the Patients' Library and regular concerts and cinema shows have not, as yet, been fully organised.

Published works emanating from the hospital during the year :—

1. " Spontaneous Pneumothorax," Irish Jnl. of Med. Sc. Sept. '55. Dr. C. Breathnach.
2. " The Efficacy of B.C.G. Vaccination," Jnl. of the Irish Med. Assn. Dr. K. Quinn.
3. " Postural Recumbency in Pulmonary Tuberculosis," Tubercle, Dec. '55. Drs. K. Quinn and C. Breathnach.
4. " Mediastinal Emphysema and Its Occurrence in Artificial Pneumoperitoneum." By Dr. C. S. Breathnach, Thorax, March 1955.

Upon the opening of Blanchardstown Dr. L. B. Godfrey was transferred from Crooksling to take up the post of Deputy Medical Superintendent and Dr. B. Callaghan as Assistant Medical Officer, whilst Dr. T. F. Ryan was transferred to the Clinic Service. Miss M. E. Kelly was transferred as Matron from St. Mary's Chest Hospital. Dr. A. P. Roche resigned the post of Surgical Registrar in June, and the following held posts of House Physician/Surgeon :

Drs. Colm Brady, Brian Timoney, Percy Rowan, Richard J. Whitty, Eileen G. Donovan, Pearse McCrann and Brendan Finucane. Dr. C. S. Breathnach continues as Junior Medical Officer.

JOHN DUFFY.

RIALTO HOSPITAL.

Annual Report—January/June, 1955.

Capacity	318	(including 15 non-T.B. beds)
No. of Patients Treated ...	267	
Admissions	208	Tuberculous cases
	67	Non-T.B. ,,
No. of Patients Admitted ...	206	Tuberculous ,,
	64	Non-T.B. ,,
Discharges	277	Tuberculous ,,
	57	Non-T.B. ,,
No. of Patients Discharged	273	Tuberculous ,,
	53	Non-T.B. ,,
Deaths	14	Tuberculous ,,
	1	Non-T.B. ,,
In Hospital 31/12/'54 ...	291	Tuberculous ,,
	6	Non-T.B. ,,
In Hospital 4/7/'55 ...	219	Tuberculous ,,
	5	Non-T.B. ,,

JANUARY/4th JULY, 1955.

	T.B.	Non-T.B.
No. of Beds available ...	303	15
Available Bed Days ...	55,752	2,760
Occupied Bed Days ...	51,881	2,182
Discharged Patients ...	273	53
Deaths	14	1
Turnover ...	1·9 patients per bed per year.	7·2 patients per bed per year.
Length of Stay ...	181 days per patient.	40 days per patient.
Turnover Interval ...	13 days.	10 days.
Percentage Occupancy ...	93%	80%

Classification following Institutional Investigation of Discharged Patients.

	A1	A2	A3	B1	B2	B3	Non-T.B.	Not classified
M. ...	4	11	—	11	103	31	47	4
F. ...	6	12	2	9	74	17	17	7

TUBERCULOUS CASES.

Length of time in Hospital of Discharged Patients.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
M. ...	3	5	27	25	38	25	15	26
F. ...	6	5	18	14	35	16	5	28

Age on Admission of Discharged Patients.

	Under 15 yrs.	15/24 yrs.	25/34 yrs.	35/44 yrs.	45/54 yrs.	55/65 yrs.	Over 65
M. ...	2	30	52	32	25	23	—
F. ...	1	39	37	32	12	4	2

Classification on discharge.

	A1	A2	A3	B1	B2	B3	Not classified
M. ...	2	5	8	69	50	14	5
F. ...	11	7	—	62	30	7	7

Reasons for discharge.

	Recommended	Own accord	Transferred	Dismissed for B/D	Death
M. ...	89	28	35	1	11
F. ...	66	23	35	—	3

Results on discharge.

	Quiescent	Improved	I.S.Q.	Worse
M. ...	45	87	20	1
F. ...	35	65	23	1

Sputum Investigation of Patients with Disease "Quiescent" on Discharge :

(a) No sputum	1
(b) Sputum negative on direct microscopy ...	12
(c) Sputum negative on culture	29
(d) Laryngeal swab negative	4
(e) Gastric Lavage negative	34

Complications in Tuberculous Cases.

Semb's Space Infection	2
Ishio-rectal Abscess	1
Tuberculous Knee	1
Asthma	3
Laryngitis	1
Duodenal Ulcer	1
Spontaneous Pneumothorax	1
Laryngeal Tuberculosis	1
Jaundice	1
Rodent Ulcer	1
Nephrotic Syndrome	1
Cystic Disease with Pneumonia	1
Pyelitis	2
Neurasthemia	1
Sacro-Iliac Tuberculosis	1
Carcinoma of Stomach	1
Cerebral Tumour	1
Right Heart Failure	2
Cerebral Haemorrhage, and essential Hypertension	1
Schizophrenia	2
Diabetes Mellitus	1
Renal Tuberculosis	1
Post Thoracoplasty bronchiectasis with haemoptysis	2
Fibroma of larynx	1
Bronchitis	1
Tuberculosis of Lumber Spine	2
Goitre	1
Para anal sinus	1

TREATMENT.

E.P.P.

Cases treated	1
No. of inductions	–
No. of refills	8
Abandoned	–
Failed	–

Lumbar Punctures.

No. of cases	1
No. of punctures	3

Aspirations of Chest.

Empyema (No. of cases)	6
Pleural effusion	2
Post-op. Aspirations	142

Chemotherapy.

I.N.H., P.A.S. & Strep	39
I.N.H. & P.A.S.	40
I.N.H. & Strep.	51
P.A.S. & Strep.	30
Viomycin, I.N.H. & P.A.S.	2
Strep. & Aureomycin	1

Investigations in Tuberculous and Non-Tuberculous Cases.

Sputum for Malignant Cells	99
Swabs from Bronchi	1
Bronchial Secretions	9
Bronchial and Gland Biopsies	20
Post-operative specimens (histology)	15
Sensitivity to Antibiotics	3
Empyema	1
Faeces	4
Swabs from mouth	2
Vaginal Swab	1
Pleural Fluid for Malignant Cells	1
Pus from Lung Abscess	1

Fluid from Chest	2
Swabs from wound	2
Cerebro-Spinal Fluid	2
Fractional Test Meals	7
Hogben Test	2
Guinea Pig Innoculation	1
Urea Clearance Test	12
Urea Concentration Test	4
W.R.	9
Full Blood Count	246
Grouping & Rh.	186
Diff. White Cell Count	15
Red Cell Count	2
Haemoglobin	283
Blood Urea	44
Blood Sugar	21
Kepler Test	2
Blood Proteins	12
Paul Bunnell	4
Blood Cholestrol	8
Serum Sodium and Potassium	8
Blood Chlorides	3
Blood Sodium	1
Blood Calcium	4
Blood Phosphates	2
Van den Bergh Test	1
Bleeding and Clotting Time	3

No. of Check-up Examinations on Post-operative cases	310
No. of Patients seen at Non-T.B. Clinic	141
No. of Eye Examinations in Hospital	9
No. of Ear, Nose and Throat Examinations ...	243
No. of Mantoux Tests	184
No. of Dental Cases :	
Extractions	121
Conservative Treatment	15
Dentures supplied	47

X-Rays.

No. of Patients X-Rayed	2,890
No. of Staff	201
Screenings	193
No. of Bronchograms	58
Total No. of Films used	3,736

OPERATIONS (Tuberculous Cases).

1st Stage Thoracoplasty	40
2nd ,, ,, ...	40
3rd ,, ,, ...	3
Holst's thoracoplasty	1

Ant. thoracoplasty	4
Pneumoplasty	1
Correctoplasty	6
Plombage	7
Lobectomy	31
Segmentectomy	16
Pneumonectomy	3
Decortication	1
Semb's space repair	1
Tracheotomy	1
Cavity Drainage	1
Repair of Bronchial Fistula	1
Removal of Empyema sac	1
Removal of Pack	1
Bronchoscopy	27

TUBERCULOUS CASES.

FEMALES DISCHARGED FROM HOSPITAL.

THORACOPLASTY.

1—Stage Thoracoplasty	4
2—Stage Thoracoplasty	19
3—Stage Thoracoplasty	3

On discharge 3 were positive on direct examination.
15 were negative on direct examination.
6 were negative on gastric lavage.
2 were negative on culture.

PLOMBAGE—3.
On discharge 1 was positive on direct examination.
2 were negative on direct examination.

SEGMENTAL RESECTION—15.
On discharge 7 were negative on direct examination.
4 were negative on culture.
4 were negative on gastric lavage.

LOBECTOMY—11.
On discharge 7 were negative on direct examination.
2 were negative on culture.
2 were negative on gastric lavage.

PNEUMONECTOMY—1.
On discharge 1 was negative on direct examination.

CORRECTOPLASTY—2.
On discharge 2 were negative on direct examination.

MALES DISCHARGED FROM HOSPITAL.

THORACOPLASTY.

Holst's thoracoplasty	1
1—Stage thoracoplasty	9
2—Stage thoracoplasty	20
3—Stage thoracoplasty	2

On discharge 2 were positive on culture.
3 were positive on direct examination.
19 were negative on direct examination.
5 were negative on culture.
2 were negative on gastric lavage.

SPEILEORRHAPHY—1.
Subsequently had correctoplasty.
Result : died.

DECORTICATION—1.
On discharge 1 was negative on direct examination.

PNEUMONECTOMY—1.
Had correctoplasty subsequently.
On discharge 1 was negative on direct examination.

PNEUMOPLASTY—1.
On discharge 1 was negative on direct examination.

NON-TUBERCULOUS CASES.

Male—45 cases admitted through N.T.B. Clinic of hospital. 2 cases admitted as haemoptysis	47 cases.
Female—17 cases admitted through N.T.B. Clinic of hospital	17 cases.

Age on Admission.

	Under 15 years	15/24 years	26/34 years	35/44 years	45/54 years	55/65 years	Over 65 years
M.	5	6	7	9	10	7	3
F.	1	6	2	2	4	1	1

Length of time in Hospital.

	0/7 days.	7/30 days.	1/2 months.	2/3 months.	3/6 months.	6/9 months.	Over 12 months.
M.	3	19	9	2	–	3	–
F.	–	14	3	2	2	–	–

CLASSIFICATION OF CASES.

MALES.

Carcinoma—14.—8 of whom were inoperable.
Of 8 inoperable 1 had intercostal neurectomy.
Of 6 operable 1 had right upper lobectomy.
3 had pneumonectomy.
2 refused operation.

Bronchiectasis—11.—7 of which were operated on.
1 had segmental resection of lower lobe.
1 had right middle lobectomy.
1 had left lower lobectomy and lingulectomy.
1 had lingulectomy.
2 had ligulectomy and segmental resection of lower lobe.
1 had right upper lobectomy—died.
4 were treated medically :—3 were improved on discharge and 1 was I.S.Q.

Cardiac Cases—2.
1 Mitral Stenosis—Refused to stay—I.S.Q.
1 Mitral Regurgitation—Cardiotomy—I.S.Q.

Supperative Bronchitis—1.
Had medical treatment—improved on discharge.

Lung Abscess—2.
1 had Diagnostic Pneumoperitoneum—I.S.Q.
1 had medical treatment—improved.

Miscellaneous.
Foreign body in bronchus—removal of same (tooth).
Empyema (simple)—treated by aspiration and instillation of antibiotics.
Spontaneous pneumothorax—treated by underwater seal.

FEMALES

Carcinoma—1 case.
1 had right lower lobectomy.

Bronchiectasis—12 cases.—6 of which were operated on.
3 had left lr. lobectomy and lingulectomy.
1 had pneumonectomy.
1 had rt. middle and lr. lobectomy.
1 had rt. middle lobectomy and anterior seg. R.U.L.
6 were medically treated—3 were improved and 3 were I.S.Q. on discharge.

CARDIAC CASES—3.

1 Patent Ductus—ligature of Patent Ductus—Satis. result.
2 Mitral Stenosis—1 Mitral Valvulotomy—Satis. result.
1 had medical treatment—improved.

CHRONIC BRONCHITIS—1.

Had medical treatment—I.S.Q.

RETROSTERNAL GOITRE—2.

1 had partial thyroidectomy—Satisfactory result.
1 had medical treatment—improved.

MISCELLANEOUS.

Hypertension mild—medical treatment—I.S.Q.
Dermoid cyst—left thoracotomy and operative removal—Satisfactory result.

JAMES CONNOLLY MEMORIAL HOSPITAL.

Annual Report—July/December, 1955.

Capacity	408	(including 28 Non-T.B. beds).
No. of Patients Treated ...	559	
Admissions	498	Tuberculous Cases
	70	Non-T.B. ,,
No. of Patients Admitted ...	492	Tuberculous ,,
	67	Non-T.B. ,,
Discharges	148	Tuberculous ,,
	65	Non-T.B. ,,
No. of Patients Discharged	147	Tuberculous ,,
	62	Non-T.B. ,,
Deaths	11	Tuberculous ,,
	5	Non-T.B. ,,
In Hospital 5/7/'55 ...	219	Tuberculous ,,
	5	Non-T.B. ,,
In Hospital 31/12/'55 ...	342	Tuberculous ,,
	8	Non-T.B. ,,

	T.B.	Non-T.B.
No. of Beds available ...	346	28
Available Bed Days ...	62,330	5,040
Occupied Bed Days ...	54,850	2,205
Discharged Patients ...	147	62
Deaths	11	5
Turnover	1 patient per bed per year.	4 patients per bed per year.
Length of Stay days per patient	347	33 days per patient.
Turnover Interval ...	46 days.	42 days.
Percentage Occupancy ...	88%	44%

Classification following Institutional Investigation of Discharged Patients.

	A1.	A2.	A3.	B1.	B2.	B3.	Non-T.B.	Not Classified
M. ...	1	5	–	11	52	19	46	–
F. ...	4	6	3	6	34	14	24	2

TUBERCULOUS CASES.

Length of Time in Hospital of Discharged Patients.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
M. ...	3	7	5	11	17	15	11	19
F. ...	3	–	11	10	17	8	8	12

Age on Admission of Discharged Patients.

	Under 15 yrs.	15/24 yrs.	25/34 yrs.	35/44 yrs.	45/54 yrs.	55/65 yrs.	Over 65 yrs.
M. ...	2	14	20	22	16	12	2
F. ...	2	18	17	19	6	5	2

Classification on Discharge.

	A1.	A2.	A3.	B1.	B2.	B3.	Un-classified.
M. ...	4	2	–	40	21	12	–
F. ...	8	4	–	27	19	7	2

Reason for Discharge.

	Recommended.	Own Accord.	Transferred.	Dismissed for b/d.	Death.
M. ...	51	23	3	2	9
F. ...	37	21	9	–	2

Results on Discharge.

	Quiescent.	Improved.	I.S.Q.	Worse.
M. ...	38	26	14	1
F. ...	30	26	11	–

Sputum Investigation of Patients with Disease "Quiescent" on Discharge :

(a) No sputum	1
(b) Sputum negative on direct microscopy ...	17
(c) Sputum negative on Culture	33
(d) Laryngeal swab negative	12
(e) Gastric Lavage negative	5

SCHOOL MEALS SCHEME 1951

Although a large number of schools were closed in January consequent upon a 'flu epidemic, 7,054,000 meals were provided at estimated cost of £134,636. Cooked meals were approximately 184,000.

Cream cheese sandwiches were provided from September on one day only per week and a fruit bun provided in lieu of a cheese sandwich on the second day.

During the year, heavy burdens were imposed on the service by the necessity to purchase butter and bread at the unrationed price, and by advances in the costs of milk and cheese.

* * *

(To face page 40)

Complications in Tuberculous Cases.

Skin Rash	2	Amyloid Disease	1
Pytoric Stenosis	1	Bronchitis & Emphysema	1
Duodenal Ulcer	2	Auricular Fibrillation	3
Nephrosis	1	Addison's Disease	1
Heart Failure	1	Pleuro Cutaneous Fistula	1
Tubercular Laryngitis	1	Hammer Toe	1
Ischiorectal Abscess	1	Cataracts of both Eyes	1
Chronic Bronchitis	1	Spontaneous Pneumothorax	2
Pleural Effusion	1	Pregnancy	2
Rheumatoid Arthritis	1		

Treatment.

No. of Patients on A.P.P. Refills	32
No. of Refills	77
Aspirations	49

Chemotherapy.

Streptomycin & P.A.S.	42
Streptomycin & I.N.H.	68
I.N.H. & P.A.S.	71
Streptomycin, I.N.H. & P.A.S.	244

Investigations in Tuberculous and Non-Tuberculous Cases.

Sputum for Malignant Cells	66
Pleural Fluid Examination	13
Swab from mouth	1
Ear Swab	1
Vaginal Swab	1
Swab from wound	30
Throat Swabs	5
Swab from Rash	1
Swab from tooth socket	1
Swab from leg	1
Pus from foot	3
Bronchial Biopsies	11
Bronchial Secretions	3
Pyogens and Sensitivity	45
Lungs, Segments, etc. (for section)	16
Fractional Test Meals	19
Guinea Pig Innoculation	1
Cerebro Spinal Fluid	1
Serum Sodium and Serum Chloride	1
Serum Potassium and Serum Chlorides	4
Serum Sodium and Serum Potassium	13
Serum Albumen and Serum Globulin	1
Blood Proteins	8
Serum Chloride and Serum Globulin	1
Blood Ureas	16

Blood Cultures	3
Paul Bunnell	1
Abortus and Widal Tests	2
Haemoglobin	44
Differential White Cell Count	12
Full Blood Count	102
Grouping and Rhesus Factor	53
Eosinophil Count	9
Red Cell Count	1
Blood Sugar	9
Wasserman Tests	22
B.S.R.	1,409
Mantoux test	251
No. of check-up examinations on pest-operative cases	30
No. of patients seen at Non-T.B. Clinic	105
No. of eye examinations in Hospital	57
No. of ear, nose and throat examinations	187

DENTAL CASES :

No. of Extractions	456
Conservative treatment	29
Dentures supplied	31

X-RAYS :

No. of Patients X-Rayed	1,763
No. of Staff X-Rayed	294
Screenings	83
Bronchograms	70
Total No. of Films Used	2,732

Operations.

1st Stage Thoracoplasty	14
2nd Stage Thoracoplasty	13
3rd Stage Thoracoplasty	6
Holst Thoracoplasty	3
Correctoplasty	4
Plombage	1
Lobectomy	8
Segmentectomy	20
Pneumonectomy	5
Decortication	4
Thoracotomy	3
Phrenic Crush	1
Incision of Septic Finger	1
Appendicectomy	1
Repair of Fistula and Removal of Ribs	1
Bronchoscopy	38

TUBERCULOUS CASES.

FEMALES DISCHARGED FROM HOSPITAL.

Thoracoplasty.

1—Stage Thoracoplasty	1
2—Stage Thoracoplasty	7
3—Stage Thoracoplasty	1

On discharge 6 were negative on direct examination.
1 was negative on gastric lavage.
2 were negative on culture.

Plombage—3.
On discharge 3 were negative on direct examination.

Segmental Resection—4.
On discharge 2 were negative on direct examination.
1 was negative on laryngeal swab
1 was negative on culture.

Lobectomy—2.
On discharge 2 were negative on culture.

MALES DISCHARGED FROM HOSPITAL.

Thoracoplasty.

Holst thoracoplasty	1
1—Stage Thoracoplasty	1
2—Stage Thoracoplasty	7

1 had resection of anterior segment of left upr. lobe subsequently.
1 had left upr. lobectomy.
On discharge 4 were negative on direct examination.
1 was negative on gastric lavage.
3 were negative on culture.
1 was positive on direct examination.

Decortication—2.
1 had thoracoplasty subsequently.
On discharge 2 were negative on direct examination.

Pneumonectomy—2.
1 had correctoplasty subsequently.
1 had limited thoracoplasty and left phrenic crush.
On discharge 2 were negative on culture.

Lobectomy—5.
2 subsequently had Correctoplasty.
On discharge 1 was positive on direct examination and Gastric Lavage.
2 were negative on direct examination.
2 were negative on culture.

Pneumoplasty—1.
On discharge 1 was negative on direct examination.

Plombage—1.
On discharge 1 was negative on gastric lavage.

Segmental Resection—3.
On discharge 3 were negative on culture.

NON-TUBERCULOUS CASES.

Male Patients Admitted	46
Female Patients Admitted	24

Age on Admission of Patients Discharged.

	Under 15 years.	15/24 years.	26/34 years.	35/44 years.	45/54 years.	55/65 years.	Over 65 years.
M.	6	5	4	5	10	9	3
F.	1	2	6	5	3	3	–

Lenth of time in Hospital of Patients Discharged.

	0/7 days.	7/30 days.	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	Over 12 mths.
M.	2	20	15	2	5	–	–
F.	2	4	8	3	3	1	–

CLASSIFICATION OF CASES.

MALES.

Carcinoma—14 Cases.
- 10 Inoperable—of whom
    - 4 died in hospital.
    - 1 took own discharge.
    - 5 referred for deep X-Ray.
- 4 had pneumonectomy with uneventful recovery—referred for deep X-Ray.

Bronchiectasis—7.
- 3 of whom were operated on :
    - 1 had Lingulectomy.
    - 1 had Lobectomy.
    - 1 had Lingulectomy and Segmental Resection of left lower lobe.
- 4 treated medically :
    - 2 improved.
    - 1 no change
    - 1 died (coronary trombosis).

MISCELLANEOUS.

Leiomyoma	Surgical removal with complete recovery.
Lung Abscess	Cleared on medical treatment.
Atalectasis	Sastisfactory re-expansion.
Patent Septum	No operation—no change.
Pericardial Cyst	No operation—no change.
Bronchopneumonia	Cleared on medical treatment.
Pneumonitis	Cleared on medical treatment.
Streptococcal Empyaema	Cleared on medical treatment.
Bronchial Asthma & Emphysema	No change.
Pneumonia	Cleared on medical treatment.
Chronic Bronchitis	Improved on medical treatment.

FEMALES.

Carcinoma—1.
Had thoracotomy.

Sarcoidosis—1.
Had medical treatment—satisfactory.

Bronchiectasis—6.
All had medical treatment.
1 had tonsilectomy.
On discharge all were improved.

Cardiac Cases—2.
1 case of mitral incompetence—treated medically.
1 patent doctus arteriosis—operation refused.

MISCELLANEOUS.

Post-operative Psychosis	Medical treatment—no change.
Intercostal Fibrositis	Medical treatment—satisfactory result.
Bronchial Adenoma	Enucleation of Bronchial Adenoma—satisfactory result.
Empyaema	Medical treatment—satisfactory result.
Pneumonitis	Medical treatment—satisfactory result.

CROOKSLING SANATORIUM.

In 1955 methods of treatment remain the same, but there is a tendency to more intensive, and prolonged, chemotherapy following large scale trials abroad. The optimum dosage is more clearly defined. Many cases, who would have required surgery previously to stabilise their disease now satisfactorily heal without it.

There is still difficulty in convincing the apyrexial and symptom-free patient with " smoker's cough " that he has a serious disease for which many months of rest and chemotherapy are the basis of his cure.

On 15th February the twenty hospital bed unit was opened. This was formed by uniting four wooden huts. It forms a compact and useful unit, and increases our bed capacity from 237 to 257.

The Internal Telephone System was installed and completed in January. This makes inter-communication between different units easy, and facilitates the running of the hospital.

The Wireless and Broadcasting System was installed and completed in October. This provides each hospital bed with a headphone, and the patient has the selection of two programmes. Each ward is provided with loud speakers as well. Usually, the head phones only are in use. This has reduced considerably the noise in the wards by replacing wirelesses belonging to patients. The broadcasting system for the relaying of Mass from the Chapel, Concerts from the Concert Hall, and broadcasts by the medical staff has proved useful and popular.

It has not been found possible to keep the ambulant beds full owing to the absence of suitable cases. The stable chronic cases usually have a suitable home to go to. The chronic with active disease is not suitable for ambulant treatment. The convalescent patient, who has suitable home conditions, is not prepared to stop for a long time. These twenty beds are in part responsible for our statistics falling short of the ideal.

Dr. L. B. Godfrey, Resident Medical Superintendent, was transferred to Blanchardstown Sanatorium in July, and Dr. B. Callaghan, Assistant Medical Officer, was also transferred there later. With their assistance the complete change in medical staff was effected without any break or dis-continuity in the treatment of the patients. I wish to thank them for their help.

Dr. J. Costello replaced Dr. B. Callaghan, and House Physician Dr. Brian Harkin replaced Dr. Susan O'Connell.

Our part-time Physiotherapist, Miss M. O'Donoghue, resigned, and has not been replaced. Physiotherapy is important for many of our cases with asthma, bronchiectasis, and orthopaedic lesions, and our pre- and post-operative cases. These patients need training in special exercises, and we hope the position will soon be filled.

Six members of the Nursing Staff took the examination for the Post Registration Certificate in Tuberculosis. They all passed, Nurse Herron, Nurse Varley and Nurse Flynn with honours. They have set a standard which may be hard to beat.

Finally, I wish to thank the medical, nursing, and clerical staff for their loyal co-operation and assistance.

Total No. of beds		257
Total No. of available bed days		91,805
Total occupied bed days		85,699
Turnover	(patients/bed/yr.)	1.5
Length of Stay	(days)	235
Turnover Interval	(days)	17
Average daily number of patients		235
Percentage Bed Occupancy		93%

No. in Hospital 31/12/'54	191
No. in Hospital 31/12/'55	212
No. of admissions during 1955	386
No. of discharges during 1955 (incl. transfers)	347
No. of deaths during 1955	18
No. of transfers during 1955	63

Transfers.

Rialto Hospital	James Connolly Hospital	St. Mary's Chest Hospital	Grangegorman	Jervis Street Hospital	St. Kevin's Hospital	Other Hospitals	TOTAL
38	6	8	4	2	2	3	63

Age Groups on Admission.

0/15	15/24	25/34	35/44	45/54	55/64	65 and Over	Total
2	82	88	68	64	52	30	386

Classification on Admission.

A1.	A2.	A3.	B1.	B2.	B3.	Observation.	Total
24	59	10	8	169	106	10	386

Length of Stay in Hospital.

0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.	Total
3	12	27	39	93	61	49	63	347

Classification on Discharge.

A1.	A2.	A3.	B1.	B2.	B3.	Non-T.B.	Total
21	52	9	9	191	55	10	347

Age at Death.

25/34	35/44	45/54	55/64	65 & Over	Total
2	1	4	6	5	18

Reasons for Discharge.

Recommended	191
Transferred	63
Dismissed	9
Own Accord	84
Died	18
TOTAL ...	365

Surgery.

Thoracoplasty	20
Resection	22
Plombage	1
Arthrodesis	1
Decortication	1

Six other cases either had minor surgery or refused.

Complications.

T.B. Hip	1
T.B. Knee Joint	1
T.B. Tarsus	1
T.B. Empyema	1
T.B. Kidney	2
Diabetes Mellitus	4
T.B. Laryngitis	2
Coronary Thrombosis	1
Ischiorectal Abscess	1
Disseminated Sclerosis	1
Epilepsy	1
Ankylosing Spondylitis	2
Corneal Leucoma	2
Peripheral Neuritis	1
Hemiplegia	1
Peptic Ulcer	5
Keratitis Punctata	1
Bronchial Fistula	2
Stills' Disease	1
Hypersensitivity to P.A.S., etc.	6
Psoriasis	2

X-Ray Department.

No. of Radiological Examinations	1,891
No. of Tomograms	195
No. of Screenings	1,980

Treatment.

A.P.		P.P.
2.	No. of Inductions	62
34.	No. of Refills given	1,628
1.	No. of Refills at present	39
–	No. of refills abandoned	11
	Bronchograms	27
	Chest Aspirations	53
	Eye Examinations	18

Laryngological.

No. of Examinations	442

Dental Department.

No. of Dental Patients	938
No. of Extractions	203
No. of Fillings	89
No. of Scalings	56
No. of Patients who received Dentures	60

Pathological Examinations. ...

Sputum (Direct)	3,219
Sputum (Culture)	604
Laryngeal Swab	91
Gastric Lavage (Direct and Culture)	27
Urine (Routine and Microscopic)	181
Pus Samples (Bacteriological)	18
Bronchial Washings (Bacteriological)	4
Chlorine Estimations (Water)	480
Milk Sediment Test	172
Blood Count	128
Blood Sugar	14
Blood Urea	7
Blood (Alb., Glob., Total Protein)	4
Blood (Cholesterol, Iodine)	3
Wassermann Reaction	11
Kahn Test	2
Test Meal	18
Van Den Bergh Reaction	14
Paul Bunnell Reaction	2
Blood Grouping	1
Guinea Pig Inoculation (Gastric Lavage) ...	5
Guinea Pig Inoculation (Urine)	3
Sputum (Bacteriological)	39
Sputum (Malignant Cells)	9
Pleural Fluid (Bacteriological)	11
Urine (Bacteriological)	30
T.B. Culture (Typing)	1
Cold Agglutinins	1
Aschheim-Zondek (Urine)	1
Faeces (N.L.F.)	3
Faeces (Parasites)	1
Tumor from Gum (Histological)	1
Milk Samples (Bacteriological)	3
Lowenstein Cultures	8
Water Samples (Bacteriological)	6

E. K. QUIGLEY, M.B., D.P.H.

Assistant Resident Medical Superintendent.

BALLYOWEN SANATORIUM.

The total number of patients treated in Ballyowen during 1955 was 440. Of these 163 were new admissions and 204 were discharged or died. The excess of discharges over admissions reflects the over-all situation in regard to female patients in the country as a whole. The opening of new sanatoria has more than met the bed-requirements for female patients and in consequence there is now no waiting-list for them. Furthermore there is now the unusual spectacle of empty beds in the sanatoria and no patients to put into them. From the administrative point of view this may cause some concern but from the medical point of view nothing could be more pleasing to put on record. For the first time it can be said that the delay in the admission of a patient to a sanatorium is caused only by whatever preliminary arrangements the patient herself finds it necessary to make.

At Ballyowen the year has been a particularly successful one. No less than 147 of the patients finally discharged (i.e. 72%) went home with their lung disease healed. This happy outcome was not restricted to early or moderate cases. Out of 37 patients admitted originally with advanced pulmonary tuberculosis 21 (i.e. 56%) went home quiescent. These results are a tribute to the beneficial effects of chemotherapy, aided where necessary by thoracic surgery.

I am glad to record that Ballyowen, together with three other hospitals, is taking part in the trial of a new chemotherapeutic agent Hinconstarch. The trial is under the control of the Medical Research Council of Ireland in whose laboratories the drug was first synthesized. In due course the Medical Research Council will be publishing the results of the trial but in the meantime it can be said that the effects of the drug are encouraging so far and justify continuance of the trial.

The health of the Staff has been good in the main. There have been no serious illnesses apart from one case of virus pneumonia and two cases of slight re-activation in an old tuberculous lesion. The Staff are examined as a routine every three months.

Dr. Maeve McDonagh continued as Assistant Medical Officer. The changes among the House Physicians were as follows:—Dr. Ita Murphy left on 25/3/55 and was replaced by Dr. Margaret Moody. Dr. Dermot O'Reilly left on 5/11/55 and was replaced for the remainder of the year by Dr. Peter Fleming.

Eleven members of the Nursing Staff sat for the Post-Registration Qualification in Tuberculosis. Ten were successful and two of these secured honours.

The following are the figures for Admissions, Discharges, etc., of patients during the year:—

No. of Patients remaining 31/12/54 ...		254
Total No. of Admissions ...		232
New Patients	163	
Returned after Surgery ...	69	
Total No. of Discharges		270
Discharged home	192	
Transferred	4	
Temporary transfer for surgery	66	
Died	8	
No. of Patients remaining 31/12/55 ...		216
Total No. of Patients treated		440

Patients transferred for major thoracic surgery to St. Mary's Chest Hospital and Rialto Hospital (later to the James Connolly Memorial Hospital) returned to Ballyowen after their post-operative convalescence was well established. As the transfer and re-admission of these cases were only incidental occurrances during continued treatment, these patients are not included in the following Tables where Admissions and Discharges are referred to. The Tables deal only with the nett figures, viz.: 163 new admissions and 204 final discharges.

Classification on Admission.

	1955 Admissions	All Patients Treated
A. 1 ...	33	70
2 ...	41	83
3 ...	1	2
B. 1 ...	7	25
2 ...	71	230
3 ...	8	37
Observation ...	3	3
	163	440

Extent of Disease.

	1955 Admissions	All Patients Treated
Unilateral—		
Minimal ...	25	60
Moderate	33	77
Advanced	4	7
Bilateral—		
Minimal ...	13	34
Moderate	61	174
Advanced	24	85
Observation ...	3	3
	163	440

The extent of disease is defined as follows :—

MINIMAL.—

Slight lesions without demonstrable excavations confined to a small part of one or both lungs. The total extent, regardless of distribution, shall not exceed the equivalent of the volume of lung tissue which lies above the second chondro-sternal junction and the spine of the fourth or body of the fifth thoracic vertebra on one side.

MODERATE.—

One or both lungs may be involved, but the total extent of the lesions shall not exceed the following limits :—

(a) Slight disseminated lesions which may extend through not more than the volume of one lung, or the equivalent of this in both lungs ;

(b) Dense or confluent lesions which may extend through not more than the equivalent of one-third the volume of one lung ;

(c) Any gradation within the above limits. The total diameter of cavities, if present, not to exceed 4 cms.

ADVANCED.—

Lesions more extensive than Moderate.

Age Groups of Patients on Admission.

	1955 Admissions	All Patients Treated
Under 15 years	9	15
15—24 years ...	53	179
25—34 ,, ...	51	145
35—44 ,, ...	27	58
45—54 ,, ...	12	27
55—64 ,, ...	5	9
65 and over ...	6	7
	163	440

70.55% of the patients admitted in 1955 were under the age of 35, and 38.03% under the age of 25. In 1954 the corresponding percentages were 75.31 and 41.13 ; in 1953 they were 72.36% and 36.84% ; and in 1952 they were 81.55 and 54.50. There thus appears to be a drift towards the higher age groups. The significance of this is not at once apparent. If other sanatoria have had the same experience this drift might be attributed to the cumulative effect of preventive measures over the past few years.

Contact History.

	1955 Admissions	All Patients Treated
In the Home ...	48	124
Relative ...	10	23
At Work ...	5	18
Lodger ...	–	2
Doubtful ...	10	11
	73	178

Contacts are regarded as "doubtful" when the patient gives a history of having been in contact with a person who has suffered from, or died from, a disease described vaguely by the patient as bronchitis, asthma, pneumonia, etc., and which might possibly have been in fact pulmonary tuberculosis.

Initial Symptom.

	1955 Admissions	All Patients Treated
Erythema Nodosum	6	11
Cough	44	131
Haemoptysis ...	11	31
Dyspnoea ...	4	9
Hoarseness ...	4	7
Anorexia ...	5	5
Chest Pain ...	30	83
Lassitude ...	24	65
Wasting ...	–	12
Amenorrhoea ...	1	1
Abdominal Pain ...	1	1
Axillary Adenitis	1	1
Cervical Adenitis	1	1
Phlyctenular Conjunctivitis ...	1	1
General Malaise ...	1	1
No Symptoms ...	29	80
	163	440

Of the cases who had had no symptoms before diagnosis the extent of disease was shown to be :—

	1955 Admissions	All Patients Treated
Minimal	12	33
Moderate ...	16	41
Advanced ...	1	6
	29	80

Bacteriological confirmation of the diagnosis occurred in 12 of the 29 admitted in 1955 and in 38 of the 80 among all the patients treated :—

	1955 Admissions	All Patients Treated
Sputum—Direct ...	7	14
Sputum—Culture	2	7
Laryngeal Swab ...	2	10
Gastric Lavage ...	1	6
Faeces—Direct ...	–	1
	12	38

Tubercule Bacilli—Present for First Time.

Of the patients admitted 91 had tubercle bacilli demonstrated either before or after admission. There were 320 such patients among all those treated. The circumstances under which tubercle bacilli were found for the first time are set out below :—

	1955 Admissions	All Patients Treated
Sputum—Direct ...	70	227
Sputum—Culture	14	49
Laryngeal Swab ...	3	23
Gastric Lavage ...	3	18
Pleural Fluid—		
Direct ...	–	–
,, Culture	1	1
Faeces—Direct ...	–	2

Classification on Discharge.

During the year 204 patients were discharged. The classification of these patients on discharge is given in the Table below :—

	Quiesc.	Improved	No Material Improvement	Worse	Died	TOTAL
A 1	20	2	1	–	–	23
2	9	2	6	–	–	17
3	–	–	–	–	1	1
B 1	19	1	1	–	–	21
2	98	19	9	–	1	127
3	1	2	2	2	5	12
Non T.B.	–	1	1	–	1	3
	147	27	20	2	8	204

A patient was considered quiescent when there was no longer any clinical or radiological evidence of active disease and when the sputum had been negative on direct examination for at least six successive months together with at least three negative cultures during the same period. In the absence of sputum, negative cultures of laryngeal swabs and/or gastric lavage are required instead. While six months is the minimum period required it happens in practice that a much longer period—usually twelve months—elapses from the time of the last " positive " report until the patient goes home.

The following Table correlates the results of treatment with the extent of disease which the patient had at the time of admission :—

EXTENT ON ADMISSION. RESULT ON DISCHARGE.

Extent on Admission	Quiesc.	Improved	No Material Improvement	Worse	Died	TOTAL
Minimal	40	3	2	–	–	45
Moderate	86	18	14	–	1	119
Advanced	21	5	3	2	6	37
Non-T.B.	–	1	1	–	1	3
	147	27	20	2	8	204

Reference has already been made to the fact that 147 patients out of 204 discharged went home quiescent, i.e., with the chest disease healed. This represents 72% of the Discharges. The number of these quiescent patients who had had surgery was 61 and the operative treatment was as follows :—

Thoracoplasty	19
Segmental Resection	17
Lobectomy	18
Pneumonectomy	2
Plombage	4
Pneumoplasty	1
	61

Another matter for satisfaction is that out of these same quiescent patients 21 were classed as having had advanced pulmonary tuberculosis at the time of admission, 19 of them with bilateral disease. 15 of these "Advanced" cases received surgical treatment as follows:—

Thoracoplasty	8
Segmental Resection	1
Lobectomy	3
Pneumonectomy	2
Plombage	1
	15

13 of the above had had bilateral disease.

Reasons for Discharge.

Recommended	159
Transferred to other Hospitals ...	4
Own Accord	33
Died	8
Dismissed	–
	204

Length of Stay.

Over 12 months	149
9—12 ,, ...	11
6— 9 ,, ...	9
3— 6 ,, ...	10
2— 3 ,, ...	7
1— 2 ,, ...	9
7—30 days	3
0— 7 ,, ...	6
	204

Sputum.

Admission related to Discharge.

Admission.	Discharge.	
Positive	Positive ...	15
Negative	Positive ...	2
Negative—Positive—	Negative ...	48
Negative	Negative ...	32
Positive	Negative ...	73
Nil	Nil	34
		204

Final T.B. Negative.

Sputum—Culture	71
,, —Direct only	10
Laryngeal Swab only	54
Gastric Lavage only	6
Laryngeal Swab and Gastric Lavage	44
	185

Final T.B. Positive—Reasons for Discharge.

Recommended	2
Transferred	1
Own Accord	10
Died	4
	17

No Examination.

Died	2

Complications and Other Diseases.

The following complications occurred among the patients who were discharged :—

T.B. Cervical Adenitis	1
T.B. Laryngitis	3
T.B. Peritonitis	2
T.B. Pleurisy	3
Acute Appendictis	2
Asthma	1
Chronic Bronchitis	2
Diabetes Mellitus	1
Emphysema	2
Gastritis	1
Gastric Ulcer	2
Goitre	3
Laryngitis (simple)	2
Mental Deficiency	2
Mental Disease	2
Myocarditis	3
Otitis Media-Acute	1
,, ,, —Chronic	2
Petit Mal	2
Paralysis of Recurrent Laryngeal Nerve	1
Sinusitis	1
Spontaneous Pneumothorax	2
Pregnancy	4

Treatment.

Artificial Pneumothorax—	
No. of Patients treated ...	2
No. of Inductions	–
No. of Refills	11
Pneumoperitoneum—	
No. of Patients treated ...	1
No. of Inductions	--
No. of Refills	9
Chest Aspirations ...	
Thoracoscopy	–
Adhesion Section	2
Phrenic Paralysis	1
Major Surgery (transferred for) :—	
Thoracoplasty	32
Segmental Resection	12
Lobectomy	17
Pneumonectomy	2
Plombage	5
Bronchoscopy	7

Chemotherapy.

All patients with the exception of the few who did not remain here for more than a week were given chemotherapy. In the vast majority of cases the three standard drugs, viz.: Streptomycin, P.A.S., and Isoniazid, were the ones of choice and they were used in combination. Dipasic and Streptopas were added to the rota where resistance emerged to one or other of the standard drugs. Mention has been made already of the use of Hinconstarch. Ten patients were treated.

Laboratory Investigations.

As a Laboratory Technician has not yet been appointed most of our specimens have to be sent away for examination. I take the opportunity to thank Dr. John Stritch, City Bacteriologist, and Professor M. M. O'Connor and the Royal College of Surgeons, together with their Staffs, for the invaluable assistance they have given to Ballyowen.

The investigations carried out during the year were as follows:—

Sputum—Direct Microscopy	1,955
—Culture	1,660
Laryngeal Swabs	711
Gastric Lavage	532
Sensitivity Tests—Streptomycin	93
,, ,, —P.A.S.	94
,, ,, —Isoniazid	94
B.S.R.	2,822
Blood—Cell Count and Differential	205
,, —Haemoglobin %	93
,, —Grouping	4
,, —Sugar	10
,, —Urea	27
,, —Prothrobin	4
Pleural Fluid—Direct Microscopy	1
,, ,, —Culture	4
Liver Function Tests	27
Throat Swabs	5
Vaginal Swabs	3
Urine—Direct Microscopy	116
,, —Culture	11
Fractional Test Meal	22
Urea Clearance Test	2
Serum Calcium	1
,, Colloidal Gold	1
Wassermann Test	1
Kahn Test	1

E.N.T. Department.

Laryngoscopy	281

Dental Department.

Extractions	391
Scalings	17
Fillings	77
Dentures	104
Repair of Dentures	29

Ophthalmic Department.

Refractions	82

Orthopaedic Department.

Patients examined	24

X-Ray Department.

Straight Films	2,984
Tomograms	624
Bronchograms	35
Screen Examinations	229
Barium Meals	8

Recreational Facilities.

Cinema performances are held at weekly intervals throughout the year. During the autumn and winter months various concert parties visited the Sanatorium for the entertainment of the patients. The concerts were usually at fortnightly intervals. I take this opportunity to thank all the artists concerned for coming here and providing so much enjoyment.

Once again I wish to thank the Hospital Library Council for their generosity in keeping our library so well stocked.

In conclusion I wish to express my thanks to the medical, nursing, clerical, and other staffs for the loyal co-operation and assistance which they have given me throughout the year.

ARTHUR J. WALSH,

Medical Superintendent.

CLINIC SERVICES.

It is unusual to begin a report of the year's work in a Tuberculosis Clinic Services with a reference to Death Rates, but the figures for the year under review furnish ample justification for such a departure from the normal. The figures which speak much more eloquently than I can read as follows :—

	Males	Females	Total
Pulmonary disease	82	59	141
Non-pulmonary disease	5	3	8
Meningitis	3	2	5
Total	90	64	154

When the last four years figures are cited :—1951—434 ; 1952—307 ; 1953—268 ; 1954—236, it will be obvious that an enormous change has taken place in 1955 in our Bill of Mortality from Tuberculosis. I will not try at the moment to give any reasons for the astonishing drop in the figures, but confine myself to expressing extreme satisfaction in the fact. It is most gratifying of all to note however, the steep drop in deaths from Tuberculous Meningitis. Five deaths represents a fall in Rate of over 70 per cent. on last year when the figure was 17.

Table I sets out these deaths in age and sex distribution.

TABLE I.

		YEARS																	
		0-1	–2	–3	–4	–5	–9	–14	–19	–24	–29	–34	–39	–44	–49	–54	–59	–64	64 +
Pulmonary	M	–	–	–	–	–	–	–	–	–	4	4	10	7	6	9	13	8	19
	F	–	–	–	–	–	–	–	1	6	6	6	5	4	3	6	2	4	15
Non-Pulmonary ..	M	–	–	–	–	–	–	–	–	1	–	–	1	–	1	1	1	–	–
	F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	2
Meningitis	M	1	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	F	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Pulmonary disease age distribution is shown to have shifted drastically away from the traditional groups of 15–25 and now to have its major component in the over 64 group. The young adult group is now in a more enviable position than heretofore, viz., a tuberculous mortality, and it can be noted that apart from one death (a female aged 18) the youngest age group fatally involved was 20–24 and that completely female.

That Tuberculous Meningitis should have caused deaths only under 4 years of age is also a remarkable fact and no doubt here we see the results of earlier case-finding, more strenuous contact investigation and vigorous treatment of the infant Primary case.

It is noteworthy that in the Report for 1952 of the Primary Clinic Dr. Dunlevy's hope that the reduction in Tuberculous deaths of 82 per cent. which occurred in the five year period since 1947 might continue has this year been fully realized. The present figure of 5 deaths represents an 80 per cent. reduction on the 1952 figure. It is surely now a challenge that even this small number will in the year to come be completely eradicated and that future years will be as noteable when they show one meningitis death as 1947 was when 81 was the toll.

In Tuberculosis Control, be it in a city of one million inhabitants or in a country district with a widely scattered population, the prime necessity is a complete, accurate and live Register of cases. This Register must contain, as nearly as possible the names of all the known cases of tuberculosis resident in the area. It must be under daily review so that every relevant piece of information, change in sputum status, whereabouts, number of contacts, etc., which comes to hand concerning each case may be noted and kept in readily accessible form. Only in this way can the Tuberculosis Problem in any place be kept under surveillance by the medical personnel whose responsibility it is to care for those suffering from this disease. It is with great pleasure I report that in this last year, work has been in progress towards the remoulding of our Tuberculosis Register in such a form. This has necessitated the augmentation of the clerical staff to cope with the added work involved. I now set out the position relating to new cases diagnosed during the year. The total figure was 1,672 as against 1,690 in 1954; so, as mentioned in last year's report, the number of newly diagnosed cases coming under notice continues to remain static in spite of a steep drop in mortality. There are many reasons which may be responsible for this. On the one hand, improved case finding through Mass X-Ray work, more energetic contact control, etc., uncovers more cases while on the other hand the drop in deaths results in a greater " pool of infection " being present in the community at large. Table II shows the newly diagnosed cases set out in the following manner. Age and sex groups are in the 5 yearly periods recommended by the W.H.O. Infectivity in the pulmonary cases on diagnosis is shown. Non-pulmonary cases set out the site of disease including meningeal infection. In this last I would draw attention to the rather startling incidence of meningitis in the older female age groups. In general, pulmonary disease still conforms to the recognised pattern: more male cases than female with a preponderance of cases in both sexes between the ages of 15 and 35. It is also noteworthy that, whereas the female rate tails off after 45 years, the male remains high right to the 64 age group. Here we have a pointer, I would think, towards more energetic investigation of the older male in preventative tuberculosis work as in Mass Radiography.

Table II (b) sets out the non-pulmonary new cases in age groups and site of infection. Here it may be noted that meningitis makes up 14 per cent. of the female cases, three-quarters of the cases being between 15 and 34. Salpingitis makes up 8 per cent., while " Abdominal " is 12 per cent. This last may contain some genital disease as well so that the incidence of this type of disease in the female occurring as it does between 15 and 44 years represents a significant factor in as much as it leads to sterility in almost all cases.

TABLE II (A).

MALE.

1955	–1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–	Total	Per-centage
Positive direct	–	–	–	1	14	37	28	28	29	20	22	18	19	17	16	249	37%
Positive culture	–	–	–	1	1	8	3	4	2	4	3	2	2	1	2	33	5%
Positive L. Swab	–	–	–	–	3	4	5	–	1	3	1	–	–	1	–	18	3%
Negative direct	–	–	3	1	31	31	27	21	10	11	7	4	5	11	17	179	26%
Negative culture	–	–	–	–	6	8	12	3	4	6	8	9	4	5	10	75	11%
Negative L. Swab	–	–	–	1	9	15	9	9	3	6	1	1	2	4	1	61	9%
TOTAL	–	–	3	4	64	103	84	65	49	50	42	34	32	39	46	615	91%
Pleural effusion	–	1	–	–	9	5	3	1	4	1	1	1	–	–	–	26	3·6%
Erythema Nodosum	–	1	–	–	5	2	–	–	–	–	–	–	–	–	–	8	1%
Miliary T.B.	–	–	1	–	1	–	–	1	–	–	–	–	–	–	–	3	0·4%
Primary	1	4	7	7	7	3	–	–	–	–	–	–	–	–	–	29	4%
TOTAL	1	6	8	7	22	10	3	2	4	1	1	1	–	–	–	66	9%
GRAND TOTAL	1	6	11	11	86	113	87	67	53	51	43	35	32	39	46	681	100%

TABLE II (A).

FEMALE.

1955	–1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–	Total	Per-centage
Positive direct	–	–	–	1	9	23	13	17	12	8	9	5	3	4	4	108	26%
Positive culture	–	–	–	–	1	2	3	–	–	2	1	1	1	–	–	11	3%
Positive L. Swab	–	–	–	–	2	3	6	–	1	–	2	–	–	1	–	15	4%
Negative direct	–	–	–	1	24	27	26	21	9	8	3	3	–	2	6	130	32%
Negative culture	–	–	–	–	7	1	6	10	2	3	1	–	2	–	1	33	8%
Negative L. Swab	–	–	–	1	11	12	5	7	5	4	1	2	2	1	1	52	13%
TOTAL	–	–	–	3	54	68	59	55	29	25	17	11	8	8	12	349	86%
Pleural effusion	–	–	–	1	13	7	2	1	2	1	–	1	–	–	–	28	7%
Erythema Nodosum	–	1	–	1	2	–	1	–	–	–	–	–	–	–	–	5	1%
Miliary T.B.	–	–	1	–	1	2	1	1	–	–	–	–	–	–	–	6	1%
Primary	1	5	2	7	3	2	1	–	–	–	–	–	–	–	–	21	5%
TOTAL	1	6	3	9	19	11	5	2	2	1	–	1	–	–	–	60	14%
GRAND TOTAL	1	6	3	12	73	79	64	57	31	26	17	12	8	8	12	409	100%

TABLE II (B).

MALE. 1955	–1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–	Total	Percentage
Meningitis	–	1	2	–	1	1	–	–	–	–	–	–	–	–	–	5	5%
Bones and Joints—																	
(a) Spine	–	1	1	–	3	–	2	–	2	1	2	–	–	–	–	12	12%
(b) Hip	–	–	–	–	2	2	1	1	–	–	–	1	–	1	–	8	8%
(c) Knee	–	–	–	2	1	–	–	–	1	–	–	–	1	–	1	6	6%
(d) Elbow	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
(e) Other Joint	–	–	–	–	1	–	–	–	1	–	1	–	–	–	–	3	3%
(f) Bone	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	2	2%
Abdominal	–	1	1	–	–	2	1	2	–	1	–	–	1	–	1	10	10%
Renal	–	–	–	–	1	3	3	2	3	1	1	3	–	1	1	19	19%
Epidiomitis	–	–	–	–	–	2	–	–	–	1	–	–	–	–	–	3	3%
Salpingitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
Cervical Glands	–	3	1	2	10	1	5	–	1	1	–	–	–	–	1	25	26%
Other Non-Pulmonary	–	–	1	–	1	1	1	–	–	–	1	–	1	–	–	6	6%
TOTAL	–	7	6	5	20	12	13	5	8	5	5	4	3	2	4	99	100%

TABLE II (B).

FEMALES.

1955	–1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–	Total	Percentage
Meningitis	–	1	2	–	2	4	2	1	–	–	–	–	–	–	–	12	14%
Bones and Joints—																	
(a) Spine	–	1	–	–	2	1	2	–	–	1	2	–	1	–	–	10	12%
(b) Hip	–	–	–	–	–	1	2	1	–	–	–	1	–	–	–	5	6%
(c) Knee	–	1	–	1	–	–	–	–	–	–	–	–	–	–	2	4	5%
(d) Elbow	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
(e) Other Joint	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1%
(f) Bone	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1%
Abdominal	–	–	–	–	4	4	1	–	1	–	–	–	–	–	–	10	12%
Renal	–	–	–	–	1	1	–	2	1	–	–	–	–	–	1	6	7%
Epidiomitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
Salpingitis	–	–	–	–	–	2	2	1	1	1	–	–	–	–	–	7	8%
Cervical Glands	–	–	1	3	8	2	5	–	2	1	1	–	1	1	2	27	32%
Other Non-Pulmonary	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	2%
TOTAL	–	4	3	4	18	15	14	6	5	3	3	1	2	1	5	84	100%

Cases are referred to the Clinic from many sources and these are tabulated below under seven headings. The headings are :—

1. Hospital or Sanatorium	55	per cent.
2. Applied	3.7	,,
3. Transferred into the area	3.4	,,
4. Private Doctor	17.0	,,
5. Contact Investigation	4.0	,,
6. School Medical Service	0.3	,,
7. Mass-Radiography	18.0	,,

The percentages under each heading are of interest. As can be seen more than half our new cases are referred from the general hospitals, while Mass-Radiography accounts for nearly one-fifth as does the general practitioner. The very low figure diagnosed during contact investigation can be interpreted in a variety of ways. For instance much of our contact investigation is done via Mass-Radiography and the general hospital, not to mention the general practitioners.

In the matter of Domiciliary treatment the remarkable swing from artificial collapse measures towards chemotherapy can be noted in the comparative gross figures for these procedures as between 1954 and 1955 :

	1954	1955
A.P. and P.P. Refills	9,395	5,575
Chemotherapy	3,339	11,810

Table V.

No. of dwelling notified for disinfection	831
No. of X-Rays done during 1955 at Charles Street Clinic	9,470
No. of Children X-Rayed at Lord Edward Street Unit	3,556

No. of X-Rays done for General Practitioners	638
No. of Deaths from Tuberculosis	154
No. of X-Rays done at Crumlin Health Centre	1,903

The Oto-Laryngologist, Mr. O'Connell, held 56 Sessions and there were 1,543 attendances.

The Orthopaedic Surgeon, Mr. D. P. Murray, held 25 Sessions and there were 228 attendances.

At the end of January it was decided to open a subsidiary Clinic for tuberculous patients in the Crumlin area in the Health Centre at Old County Road. This is administered by one of the Medical Officers who heretofore worked in the Branch Clinic at Nicholas Street. All the facilities of an up-to-date Clinic, X-Ray, etc., are available.

Relevant table of attendances, etc., are shown in Table III and IV.

TABLE III.

Table showing attendances at the Clinics during each month of the year '55.

Month.	Charles Street.	Nicholas Street.	Crumlin.	Primary.	Total.
January ...	1,151	864	69	1,352	3,436
February ...	1,206	684	233	1,221	3,344
March ...	1,583	811	450	1,404	4,248
April ...	1,348	686	446	1,144	3,624
May ...	1,410	689	457	1,367	3,923
June ...	1,367	664	554	1,345	3,930
July ...	1,275	635	385	1,322	3,617
August ...	1,364	599	393	1,374	3,730
September ...	1,407	613	476	1,548	4,044
October ...	1,193	638	378	1,515	3,724
November ...	1,297	612	426	1,557	3,892
December ...	904	459	327	1,352	3,042
TOTAL ...	15,505	7,954	4,594	16,401	44,554

TABLE IV.

Table showing New attendances at the Clinics during each month of the year 1955.

Month.	Charles Street Clinic.	Nicholas Street Clinic.	Crumlin Clinic.	Primary Clinic.	Total.
January ...	103	55	12	232	402
February ...	158	46	27	272	503
March ...	166	55	35	281	537
April ...	186	51	30	237	504
May ...	157	70	15	253	495
June ...	142	47	31	231	451
July ...	154	65	23	178	420
August ...	234	45	19	220	518
September ...	143	66	16	284	509
October ...	149	62	17	216	444
November ...	163	57	23	280	523
December ...	89	43	16	340	488
TOTAL ...	1,844	662	264	3,024	5,794

In my last Report I mentioned the waiting list position for patients in need of sanatorium vacancies as having "reached reasonable proportion as had the average waiting time for treatment." In the past year the position has been a happy one from the point of view of the clinician who wishes to offer early sanatorium beds to those in need. Since late in 1954 to the end of 1955 there have been available beds for female patients in the Sanatoria under the administration of the Dublin Corporation. In the same period only an artificial hold-up in male vacancies, caused by structural alterations in St. Mary's and other reasons in other Institutions in September, resulted in a waiting time of 3 weeks being reached for men. At the end of the year the position was that Sanatorium beds were available for any patient male or female who would accept them within one week.

PRIMARY CLINIC.

In 1947 a separate Clinic was inaugurated in Dublin to deal with Primary Tuberculosis. This has continued over the years and while the new cases have dropped steadily there is undoubtedly still every reason for keeping it in existence. Tables III and IV show the details of monthly attendance. The total attendance over the year of 16,401 reflects in the increase of nearly 1,400 over last year the vigor with which the contacts investigation of new pulmonary cases is being pursued.

Tables of Primary Clinic.

MALE.

	0–1	1-2	2–3	3–4	4–5	5–9	10–14	Total
Primary disease ...	13	17	22	19	23	73	23	190
Miliary	2	2	–	1	1	1	–	7
Meningitis	–	1	–	–	–	2	–	3
Adenitis	–	–	1	–	–	4	2	7
Bone	–	–	–	–	–	–	–	0
Erythema Nodosum (not counted above).	–	–	–	–	–	4	2	6
Adult disease	–	-	–	–	–	1 P.E.	2	3
Totals	15	20	23	20	24	85	29	216

FEMALES.

	0–1	1–2	2–3	3–4	4–5	–9	10–14	Total	GRAND TOTAL
Primary disease	8	12	21	24	27	57	19	168	**358**
Miliary	–	1	1	–	–	–	–	2	**9**
Meningitis	–	–	–	–	–	1	–	1	**4**
Adenitis	–	–	–	–	2	2	–	4	**11**
Bone	–	1	–	–	–	1	–	2	**2**
Erythema Nodosum (not counted above).	–	1	–	–	1	3	1	6	**12**
Adult disease	–	–	–	–	–	–	1	1	**4**
Totals	8	15	22	21	30	64	21	184	**400**

Total cases of Tuberculosis diagnosed each year under 15 years of age :—

1948	335	1952	510
1949	1,279	1953	534
1950	759	1954	490
1951	802	1955	400

The total figures of 9 cases of miliary disease and 4 cases of tuberculous meningitis are an index of the fact that the primary case is being brought to notice much earlier in its course than formerly. It could be hoped that the ultimate state might be reached in our efforts when the occurrance of a case of meningitis or miliary disease would only arise during treatment and that they would rank as " complication " and no longer as seperate disease entities. This will be our aim in the future, to diagnose every case of Primary Tuberculosis in our area by more and more vigorous contact investigation and every other method available to the service. It is worthwhile to consider how much the vigorous treatment of the Primary infection may reduce our annual toll of adult Phthisis. A long term investigation of this question is being carried out since 1950 in France with reference to the treatment of such cases.

During the year under review Medical Staff changes in the Clinic occurred as follows :—

Arising out of the closure of Rialto Hospital and the opening of James Connolly Memorial Hospital, Dr. Costello was transferred to Crooksling, while Dr. T. Ryan came to the Clinic from Rialto. Dr. P. Rowland was transferred from the B.C.G. Branch. Dr. Reilly transferred to St. Mary's and Dr. P. Browne replaced him in the Clinics, while Dr. P. Meagher subsequently replaced Dr. Browne in an inter-transfer between the Clinic and St. Mary's.

In conclusion I wish to express my thanks to the medical, nursing, clerical, and other staffs for the loyal co-operation and assistance which they have given me throughout the year.

COLM S. GALLEN,

Assistant City Medical Officer.

B.C.G. SCHEME.

For many years the problem of childhood tuberculosis in Dublin city has been a matter of serious concern, so it is with great satisfaction that we show in the 1955 Report the lowest annual childhood tuberculosis death rate in the records of the City. Table I shows the astonishing annual decrease of deaths for the past ten years.

TABLE I.

Childhood Tuberculosis Deaths 0—15 years—Dublin City.

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Pulmonary T.B.	15	27	17	11	6	4	6	3	1	1
T.B. Meningitis	62	81	42	32	36	27	17	15	17	4
Other forms ...	26	30	18	7	4	5	2	1	1	Nil
TOTALS ...	103	138	77	50	46	36	25	19	19	5

In a recent Report by the British Medical Research Council on B.C.G. vaccination in England, it was stated that 82 per cent. reduction in tuberculosis morbidity could be expected from the use of B.C.G. vaccination. The expected reduction in Tuberculosis mortality in Britain has not yet been published. It is pleasing to see that we have got a reduction in the City childhood tuberculosis mortality which is even greater than our expectations when the City B.C.G. Scheme was initiated at the end of October, 1948.

It is striking that the five deaths from tuberculosis in Dublin City in 1955 were in un-vaccinated children. It has been stated in previous annual reports that no deaths from Miliary tuberculosis or T.B. Meningitis occurred in any of our B.C.G. vaccinated subjects and this statement is reiterated for the year 1955. The above Table is the target of B.C.G. vaccination effort and special attention has again been focussed on the protection of the under five-year child by intensive efforts to vaccinate the new-born in the Maternity Hospitals.

The growing confidence in B.C.G. vaccination is shown by the increase from 2,041 vaccinations of new-born infants at the Maternity Hospitals in 1954, to 2,806 in 1955.

TABLE II.

B.C.G. Vaccinations — New-born at Maternity Hospitals :—

	1954	1955
January	148	259
February	121	183
March	165	194
April	178	195
May	213	218
June	159	286
July	196	243
August	168	194
September	171	280
October	144	240
November	193	297
December	185	217
Totals	2,041	2,806

Arrangements for the vaccination of new-born infants of tuberculous families are made during the ante-natal period, and in cases when it is not possible to ensure isolation precautions at home, the Maternity Hospitals have readily provided isolation facilities in the Paediatric Units. We have been helped in this work by the B.C.G. Unit, St. Ultan's Hospital. These arrangements take a great deal of time and patience. We are grateful for the co-operation of the Medical, Nursing and Almoner Staffs of the Coombe, Rotunda, St. Kevin's and St. Ultan's Hospitals, who have spared no effort on their part to aid this preventative service.

As B.C.G. vaccination does not guarantee complete protection from tuberculosis, the results achieved owe much to other factors such as to greater freedom of children from home infection. With the extra Sanatorium beds available, there is little excuse for domiciliary treatment, with its attendant dangers, to children of tuberculous infection. It is regretted that some patients still elect to remain at home, thus curtailing the possibility of vaccinating their contact children.

Dublin's childhood Tuberculosis death rate is now at least equivalent to that of most cities of comparative population. In common with other countries we have found that the greatest childhood mortality occurs under 3 and again after 14 years of age. In countries with a happier tuberculosis history than ours, it is considered that there is a higher resistance to tuberculosis in 3-14 age group. There was no evidence of this in Dublin city when infection was heavy and B.C.G. vaccination was not available. This may be seen from Table III. The contrasting figures for 1955 are of special interest as they show no death in the 5–14 age group during 1955.

TABLE III.

Dublin Childhood Tuberculosis deaths 0–15 years.

	1947			1955		
	Under 1 year	1–5 years	5–15 years	Under 1 year	1–5 years	5–15 years
Pulmonary T.B. ...	9	12	6	1	Nil	Nil
Other forms ...	14	56	41	Nil	4	Nil
Total ...	23	68	47	1	4	Nil
TOTALS ...	—	138	—	—	5	—

The protection of the school leaver by B.C.G. vaccination is of primary importance and an intensive effort is made in the National, Secondary and Vocational Schools. Investigations at our Clinics into the number of primary infections indicate that there is a marked increase of infection at the stage of adolescence. Even without entering into figures the evidence of infection in young adults is too obvious by a glance at our Sanatorium wards. We aim to reduce the morbidity and mortality of this group to the level that has been obtained in the earlier age groups. Unfortunately, experience has shown that the teenager is a difficult volunteer and frequently he shows his initiative by altering the parental consent in such a manner that the young hero acquires no pricks.

Mass Radiography and B.C.G. vaccinations have been carried out during 1955 at the following National, Secondary and Vocational Schools :—

National Schools.

Belgrove N.S.
Baldoyle C.B.S.
Blackhall Place
Ballyfermot Convent.
Baldoyle Convent.

Clareville Rd. Boys & Girls.
Coombe
Clarendon St.

Dorset Street Boys.
Dorset St. (St. Francis Xavier).
Donore Avenue C.B.S.
Donore Ave. (St. Catherine's).

Fishamble Street.

Green Lanes.
Grand Canal Street.
Glasnevin, St. Vincent's.
Gloucester St., St. Thomas
Goldenbridge.

Hill Street.
Harolds Cross, Our Lady's Mount.

Killester

Liffey Street

Mountjoy Street.

Marino—St. Vincent de Paul.
Marino C.B.S.

O'Connell Schools.

Phoenix Park

Raheny
Rathfarnham, Loreto.
Rathfarnham, Parish.
Rialto, St. James.
Rialto, St. Andrews.
Rathmines, St. Louis.
Rathmines Township.
Ringsend N.S.

St. Mary's Place.
Seville Place.
Seafield Road.
Sandymount Boys.
Stanhope St.
Sandford Road.
Seville Place
Sherrard Street.
Sandymount, Lakelands.
St. Brendan's, Sandymount.

Townsend Street.

Wellington Street.

SECONDARY SCHOOLS :—

Alexandra College.
Bertrand & Rutland High School.
Colaiste Mhuire.
Christ Church Grammar School.
Masonic Boys School.
Masonic Girls School.
Park House.
Roslyn Park.
Sandford Park.
San Sabina, Sutton.
St. Fintan's Sutton.
St. Mary's College, Rathmines.
Tullamaine.
Wesley College.
Church of Ireland Training College.

VOCATIONAL SCHOOLS.

Ballsbridge.
Bolton Street.
Cabra.
Capel Street.
Cathal Brugha St.
Clogher Road.
Denmark Street.
Kevin Street.
Marino.
Mount Street.
North Strand.
Parnell Street.
Ringsend.
Rathmines.

In an effort to reach the 15–30 year groups combined Mass Radiography and Tuberculin Surveys with B.C.G. vaccination were made in three large housing areas in the South side of the City and one in the North side. Similar surveys were carried out in many large employment centres. Much time was taken up in this work and the ultimate number of B.C.G. vaccinations completed in this age group was disproportionately small. One example of such a survey reveals that of 1,396 persons tuberculin tested only 176 were vaccinated. Taking into account the organisation necessary, propaganda and the time spent on tuberculin testing and follow up, the cost per vaccination of this group is much higher and the results are rather discouraging to the B.C.G. team who strive so hard to push these surveys.

Vaccination of Medical and Dental Students, Student Nurses and Garda recruits were continued throughout the year.

The following Table shows the total number of tuberculin tests and B.C.G. vaccinations at the end of 1955 :—

No. of pre-vaccinal tests	105,052
No. of B.C.G. vaccinations	51,560
No. of Post-vaccinal tests	41,047

During the year 1955 the total number of B.C.G. vaccinations was 11,668.

A B.C.G. Clinic was opened at the Parochial Hall Finglas in October to serve this housing area.

In conclusion, in presenting the year's activities I gratefully acknowledge the unselfish assistance received from the teachers of the various City schools, the Medical, Nursing and Almoner Staffs of the City Hospitals, the Staff of the Sanatoria and Field Service.

The ambition of the B.C.G. service in its early days was to reduce mortality from T.B. Meningitis in childhood. Our ultimate ambition is to see a childhood community free from tuberculosis infection.

I wish to express my sincere gratitude to the Medical, Nursing and Clerical Staff of this section for the enthusiasm they have given to the work. The Nursing Staff have had many wearisome visits throughout the City on follow-up work, but the worth while incentive gives encouragement.

M. DUNLEVY,

Assistant City Medical Officer.

MASS RADIOGRAPHY CENTRE.

The National Mass Radiography Association has continued to operate two mobile X-Ray units in the City and County Area. The Association installs one apparatus in the Corporation's Lord Edward Street premises for the public sessions held each Monday afternoon and evening at which any Dublin citizen may attend. In addition, special sessions are held here by the Association for Mothers attending ante-natal clinics in Maternity Hospitals and also for children who are referred by the Corporation's B.C.G. Service. The Mobile Units are for the most part occupied in visiting factories, institutions, etc., throughout the City. During 1955, 71,089 miniature X-Ray examinations were carried out in the City Area, an increase of 5,714 on the previous year.

The miniature X-Ray films are read by the Association's radiologists in Tara Street. When a miniature film suggests an abnormality, an appointment is arranged for the person concerned to have a full size X-Ray film taken. These full size X-Ray plate examinations are made with the Corporation's X-Ray plant in Lord Edward Street and the Corporation's radiologist interpretes them and arranges whatever action is required. Likely cases of tuberculosis or other conditions needing further supervision or treatment are seen by a Corporation Tuberculosis Officer at a weekly Clinic here. As the vast majority of Mass Radiography suspects are well enough to continue in their ordinary occupation up to the time of their X-Ray examination, it will be readily appreciated that in many instances special tact is required in order to secure a particular individual's co-operation for further investigation and treatment, and I would like to express our appreciation of Dr. Joan O'Sullivan, the Tuberculosis Officer concerned for the great care and interest she devotes to this aspect of our work. The number of persons found with tuberculosis and considered active was 313. In addition 581 persons were discovered with lesions that seemed quiescent, but requiring observation. The distribution of active cases among the principal groups was as follows :—

GROUP.	No. of Miniature X-Rays.	No. Found Active.	No. per Thousand Found Active (Approx.).
General Public and Factories	40,210	244	6
Women attending ante-natal Clinics	3,408	15	4
Children	15,747	39	2·4
Universities, Tech. Schools and Training Colleges ...	8,221	15	1·8

Mass Radiography is the second largest discoverer of pulmonary tuberculosis in Dublin City, being responsible for almost 1/5th of the cases referred to the tuberculosis clinics. The largest source of cases referred is the out-patients departments of the General Hospitals (55 per cent.) which brings one to the consideration that if it was found possible to take a miniature X-Ray of everyone who attends the General Hospitals' Outpatients' Departments, the amount of tuberculosis discovered might be very significantly increased.

When there is a suspicion of a neoplasm, or of a cardiac abnormality that might benefit by surgery, or of certain other non-tuberculous conditions, arrangements are usually made to refer the individual concerned for additional investigation at the James Connolly Memorial Hospital and we are much indebted to the physicians and surgeons there for their valuable services. It might be of interest to mention that the number of cases under the heading " neoplasm of the chest " is listed as twelve for 1955 ; there has been no increase over the last five years. A history of smoking habits was not taken in all cases, but among those who were asked the majority gave a history of smoking 40–60 cigarettes a day.

The Corporation's Large Plate Plant is in addition used for the carrying out of re-check examinations required as a result of previous large plate recalls, the examination of children through the tuberculosis clinics (three sessions per week being devoted to this) and also for the examination of candidates for Corporation Staff.

The number of examinations under the various categories was as follows :—

No. of Large Plate X-Ray Examinations	7,954
Comprised as follows :—	
No. of Large Plate Recalls from Miniature Radiography	1,722
No. of Re-check X-Rays	2,523
Children from Tuberculosis Clinics	3,556
No. of Staff Examinations	153

MICHAEL G. MAGAN,

Medical Director.

VENEREAL DISEASE SERVICE.

During the year the Service was continued as before, the Clinics at the Mater Misericordiae Hospital and the Rotunda Hospital were run directly by the Corporation, and those in Sir Patrick Dun's and Dr. Steevens' Hospitals on behalf of the Corporation.

It has been noticed at these Clinics that the number of new cases of early Syphilis has now levelled out at a low figure. However, a sufficient number of cases of early infectious disease were seen to prevent any undue optimism that the reservoir of infection had been wiped out.

Gonorrhoea still remains fairly frequent despite modern methods of treatment, indicating that there should be no lessening in contact tracing and finding the sources of infection and treating them.

Non-Gonococcal Urethritis in the male still remains a problem, and the solution of the question of the aetiology of this condition still is unanswered. No standard treatment has yet been evolved. At our Clinics over 40 per cent. of all males with Urethritis are suffering from this condition.

I take this opportunity of stressing the importance of the prevention of Congenital Syphilis, a condition which is 100 per cent. preventible. The Clinicians are alarmed at the number of children with syphilitic interstitial Keratitis referred to them from the Eye Hospitals. Unfortunately most of them are not presented for treatment until the disease is extensive and much damage has been done. In my opinion, there can be little excuse for a congenital syphilitic being born if the following is carried out:—

> At least one serological examination during each pregnancy, and each patient found positive fully investigated and treated early in the pre-

nancy. I consider it absolutely necessary that there must be at least one serological investigation done during each pregnancy, as I have frequently seen patients who were infected subsequent to their first pregnancy. Macfarlane, in his survey in the Newcastle-upon-Tyne area, found that over 60 per cent. of his series of congenitally infected children were born in the second or subsequent pregnancy.

In view of the increase expected under the new Health Act of maternity cases conducted by General Practitioners, they should be exhorted to have a serological examination carried out on each of their maternity cases, as is done in the Maternity Hospitals.

During the year 329 patients with Syphilis and 180 with Gonorrhoea were admitted to the clinics, which figures include new patients and return defaulters.

My thanks is due to the Mother Superioress of the Mater Misericordiae Hospital and her staff for their kindness and help ; also the Master of the Rotunda Hospital, Dr. E. W. L. Thompson, and his staff for their co-operation, and in particular, Sister A. O'Dwyer. I would also like to thank the staff of the Public Health Department for their help.

F. M. LANIGAN-O'KEEFFE, M.D.,
Venereologist.

VETERINARY DEPARTMENT

REPORT

BY

SEAN O'DONOVAN, M.R.C.V.S., D.V.S.M.

Chief Veterinary Inspector and Superintendent of Abattoir.

STAFF.

Deputy Chief Veterinary Inspector :
J. M. Murphy, M.R.C.V.S., D.V.S.M.

Deputy Superintendent of Abattoir :
J. M. Morris, M.R.C.V.S.

Veterinary Inspectors :
D. Reeves, M.R.C.V.S., D.V.S.M.
P. J. Nolan, M.R.C.V.S.
M. O'Boyle, M.R.C.V.S.
O. C. O'Hare, M.R.C.V.S.
J. A. Fallon, M.R.C.V.S.
J. P. Rehill, M.R.C.V.S.

Health Inspectors :
P. Doherty.
D. Byrne.
L. Nolan.
Miss H. Long.
P. Walsh (Abattoir).
P. Kennedy (Milk Sampling Officer).
3 temporary Health Inspectors (Food Hygiene Inspection).

Clerical Staff :—6 members.

The Duties of the Veterinary Department are classified as follows :—

1. Milk Inspection.
2. Meat and other Food Inspection and Duties under Food Hygiene Regulations, 1950.
3. Duties under Diseases of Animals Acts.
4. Bacteriological Laboratory.
5. Attendance on Animals the Property of the Corporation.

MILK INSPECTION.

On 31st December, 1955, the following were entered in the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935 :—

No. of Dairymen registered	2,802
No. of Premises registered	2,648
No. of City Producers of milk registered	114

212 vehicles were registered for 176 producers of milk outside the City.

During the year 199 premises comprising 190 milk shops, 2 milk stores, 4 dairy yards and 3 vehicles were registered. Refusal of registration orders were served in respect of applications for 11 premises.

The following is a summary of the Dealers' Licences issued under the Milk and Dairies (Special Designations) Regulations, 1938 :—

No. of licences issued	1,345
No. of premises licensed	1,417
No. of licences issued for sale of Pasteurised Milk	1,339
No. of licences issued for sale of Highest Grade Milk	6

Refusal Orders were served on 10 applicants for Dealers' Licences. Regular inspections of milk shops and milk stores were made by inspecting officers to ensure that the provisions of the Act were being complied with ; in the course of the year 8,039 inspections were made. When any breach of the conditions was observed, the matter was reported, and, if the Law Agent deemed it advisable, legal proceedings were instituted against the offender.

Milk Sampling.

During the year 31 samples of milk sold under General Designations and 488 samples sold under Special Designation were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examinations to an official bacteriologist appointed under the Act. The samples of milk sold under special designation were taken from persons selling under the designation "Pasteurised Milk," and who were empowered to do so by virtue of a Dealer's Licence issued by the Corporation, and from persons selling milk under the designation "Highest Grade Milk," and who were empowered to do so by virtue of a Producer's Licence issued by the Department of Agriculture. A summary of the results is shown below:—

Total Living Organisms per c.c.	General Designation		Special Designation	
	Winter	Summer	Winter	Summer
Not exceeding 1,000	—	—	16	8
Over 1,000 but not over 50,000	10	15	197	122
,, 50,000 ,, ,, 100,000	—	1	21	34
,, 100,000 ,, ,, 200,000	1	2	10	32
,, 200,000 ,, ,, 300,000	—	2	5	17
,, 300,000 ,, ,, 400,000	—	—	1	3
,, 400,000 ,, ,, 500,000	—	—	1	1
,, 500,000 ,, ,, 600,000	—	—	1	2
,, 600,000 ,, ,, 700,000	—	—	—	2
,, 700,000 ,, ,, 800,000	—	—	1	3
,, 800,000 ,, ,, 900,000	—	—	1	2
exceeding 900,000	—	—	2	6
Totals	11	20	256	232

SEDIMENTATION (OR DIRT) TEST.

This test was carried out in 183 cases. It has a strictly limited value. It is easily applied and the results can be demonstrated to the vendor at the time of examination. It reveals only gross contamination by physical dirt, (e.g. dust, hair, etc.), and gives no indication of the amount of bacterial contamination. A summary of the results is given below :—

Year	No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
1955 ...	183	4	126	49	4	—

In addition to the foregoing sampling, 572 samples were forwarded to the State Chemist, on behalf of the Minister for Agriculture, who is the licensing authority for the production or pasteurising or bottling of all milk for sale under special designation. This total comprised 153 samples of Highest Grade Milk and 419 samples of Pasteurised Milk. During the year, for the whole country, 64 persons were the holders of licences for either the production or bottling of Highest Grade Milk. From 47 of these licence holders, milk was delivered in the City. Similarly, 39 persons were the holders of licences for either the pasteurisation of milk or the bottling of Pasteurised Milk, and 15 of these delivered milk in the City. Nine special designation licences for the sale of Pasteurised Milk in the Dublin Sales District were issued by the Department of Agriculture under the Emergency Powers Order, 1942.

EXAMINATION OF MILCH COWS IN CITY DAIRY YARDS.

Special visits were made to City Dairy Yards for the purpose of examination of the cows housed therein. Animals found to come within the provisions of the Bovine Tuberculosis Order, 1926, were immediately slaughtered. Samples of milk were taken from cows with abnormal udders and microscopically examined. In cases in which tubercle bacilli were found the animals were immediately slaughtered. Notices interdicting the sale of milk from those cows affected with other forms of mastitis were served on the owners.

In the case of abnormal udders, which were negative on microscopic examination, samples of milk were submitted to the biological test. These methods were adopted to ensure that all cows with tuberculous udders were detected.

The following is a summary of the work :—

No. of cows housed in City Dairy Yards	3,270
No. of special visits to Dairy Yards	275
No. of examinations of milch cows	6,806
No. of cows from which separate samples of milk were taken for bacteriological examination	94
No. of samples taken and bacteriologically examined	108
No. of cows for which notices interdicting the sale of milk were served	52
No. of cows in City Dairy Yards found with tuberculosis of the udder	1
No. of cows in City Dairy Yards found with definite clinical symptoms and chronic cough	—

Summary of Prosecutions for Offences in Connection with Sale of Milk.

Offence	Number of Cases	Fines	D.P.O.A.	Costs	Court Poor Box
Sale of milk from unregistered premises ...	4	£7 10s.	—	—	—
Sale of pasteurised milk without licence ...	1	£4	—	—	—
Broken glass in bottle of milk	1	1s.	—	£2 10s.	—
Milk shop below required standard of cleanliness	1	£1	—	—	—
Pieces of concrete in a bottle of milk	1	£2	—	—	—
TOTAL ...	8	£14 11s.	—	£2 10s.	—

MEAT INSPECTION.

Number of animals slaughtered at the Corporation Abattoir :—

Bulls	456
Bullocks	9,012
Cows	11,253
Heifers	22,991
Calves	612
Total Cattle	44,324
Sheep	93,364
Swine	19,296
Total Animals	156,984

Number of Victuallers other than pork butchers using the Abattoir	129
Number of Pork Butchers using the Abattoir	29

Wholetime inspection was carried out at the Abattoir and inspection of the weekly Cattle Market was made. Weekly store cattle sales and special sheep sales were also inspected.

The amount of unsound meat condemned at the Abattoir was :

642 tons, 17 cwt., 1 qr.

CYSTICERCUS BOVIS.

Total number of cattle examined by Corporation Veterinary Officers	17,637
Total number of cattle affected	41
Percentage affected	·23

Carcases Wholly or Partially Condemned by the Corporation Staff at the Abattoir during the Twelve Months ended 31st December, 1955.

	CATTLE		SHEEP		SWINE	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis ...	182	1,993	—	—	10	478
Traumatism ...	28	5,334	—	561	—	238
Oedematous and Wasted ...	58	—	47	—	—	—
Gangrene ...	—	—	—	—	—	—
Redwater ...	3	—	—	—	—	—
Moribund and Ill Bled	17	—	14	—	—	—
Decomposition ...	19	—	58	—	7	—
Septic conditions	80	270	24	17	21	20
Carcinoma ...	12	—	10	—	—	—
Swine Erysipelas	—	—	—	—	2	—
Other Conditions	67	3,191	43	466	9	2,702
TOTALS ...	466	10,788	196	1,044	49	3,438

Abattoir Post Mortem Examination of Tuberculous Carcases (By Corporation Staff).

Organs, Etc., Condemned.	Cows	Heifers	Bullocks	Bulls	Calves	Total
Pleura	148	36	43	—	2	229
Peritoneum ...	115	26	31	—	4	176
Pericardium ...	2	3	2	—	—	7
Lung Subst. ...	197	55	69	—	2	323
Liver Subst. ...	85	34	51	—	5	175
Spleen Subst. ...	47	17	25	—	3	92
Kidney	53	14	20	—	1	88
Uterus	55	8	—	—	—	63
Udder	8	1	—	—	—	9
Prescapular ...	15	22	40	—	4	81
Axillary ...	1	—	1	—	—	2
Precrural ...	3	7	13	—	1	24
Popliteal ...	13	16	23	—	—	52
Ischiatic ...	4	2	7	—	—	13
Dorsal	2	1	1	—	—	4
Suprasternal ...	44	9	19	—	1	73
Iliac	17	13	17	—	—	47
Sublumbar ...	—	1	5	—	—	6
Submaxillary ...	—	—	2	—	—	2
Subparotid ...	—	—	—	—	—	—
Pharyngeal ...	250	152	130	—	4	536
Prepectoral ...	10	25	5	—	—	40
Bronchial ...	476	215	198	1	13	903
Mediastinal ...	242	165	144	1	4	556
Mesenteric ...	254	96	95	—	6	451
Portal	218	96	99	—	5	418
Renal	24	24	23	—	1	72
S. Mammary ...	16	8	—	—	—	24
S. Inguinal ...	—	—	2	—	—	2
Condemned						
Whole	115	24	47	—	5	191*
Partial	39	21	31	—	2	93
Strippings ...	29	7	10	—	—	46
Organs only ...	424	295	170	2	8	899
	TOTAL NUMBER OF ANIMALS AFFECTED ...					1,229
No. of Animals killed.	2,821	12,134	2,011	59	612	
	TOTAL NUMBER OF ANIMALS KILLED ...					17,637
Percentage Affected.	21·51	2·85	12·8	3·4	2·45	
	PERCENTAGE OF TOTAL AFFECTED ...					7·43

* Nine of the 191 total condemnations, while being affected with tuberculosis, were condemned for other reasons.

Return of Organs, etc., Condemned by the Corporation Staff at the Abattoir for Twelve Months Ending 31st December, 1955.

	Cattle	Sheep	Swine
LUNGS :			
Tuberculosis ...	1,032	—	219
Abscesses ...	11	10	2
Pneumonia ...	39	8	132
Pleurisy	22	21	331
Parasitism ...	—	—	2
Cysts	1	—	—
Other conditions ...	56	9	18
HEARTS :			
Tuberculosis ...	979	—	215
Other conditions ...	77	23	385
SKIRTS :			
Tuberculosis ...	—	—	—
Other conditions ...	1	—	2
STOMACHS :			
Tuberculosis ...	500	—	131
Other conditions ...	33	8	52
INTESTINES :			
Tuberculosis ...	500	—	—
Other conditions ...	22	8	—
SPLEENS :			
Tuberculosis ...	83	—	21
Other conditions ...	3	—	—
LIVERS :			
Tuberculosis ...	515	—	213
Abscesses ...	159	7	4
Necrosis	7	—	—
Cirrhosis	371	5	129
Echinococcus ...	4	—	—
Distomatosis ...	455	166	18
Cav. Angioma ...	37	—	—
Other conditions ...	111	88	282
KIDNEYS :			
Tuberculosis ...	360	—	16
Nephritis	23	—	—
Cysts	29	—	22
Other conditions ...	15	8	30
UTERI :			
Tuberculosis ...	55	—	—
Other conditions ...	—	—	—
HEADS :			
Tuberculosis ...	619	—	864
Actino	87	—	—
Abscesses ...	7	—	4
Other conditions ...	82	5	6
TONGUES :			
Tuberculosis ...	619	—	864
Actino	87	—	—
Other conditions ...	90	5	10

Return for 1955 of Animals Examined by Department of Agriculture Veterinary Staff at Corporation Abattoir.

Class of Animal	No. Killed	Carcases Affected	Condemnations for Tuberculosis							Condemnations for other conditions		
			Car-cases	Part Car-cases	Hearts and Lungs	Stomachs	Intes-tines	Livers	Heads	Heads C. Bovis	Livers for Distom. Paras. etc.	Carcases
Cows ...	8,432	1,844	103	145	1,388	597	598	719	737	3	3,970	28 (7 Traumatism ; 10 Septic ; 5 Moribund & Ill Bled ; 4 Carcinoma ; 2 Oedema).
Bulls ...	397	31	—	7	20	7	8	10	16	—	38	—
Bullocks	7,001	946	21	40	603	231	236	324	435	6	932	1 Septic condition
Heifers	10,857	1,156	17	52	770	304	311	405	494	6	1,090	—
TOTAL ...	26,687	3,977	141	244	2,781	1,139	1,153	1,458	1,682	15 (= ·05%)	6,030	29

Private Slaughterhouses.

Number of private slaughterhouses	49
Number of bacon factories	3
Number of export meat factories	1
Number of horse slaughterhouses (for proprietory dog food)	1
Number of knackers' yards	1
Number of victuallers using private slaughterhouses	145
Number of inspections of slaughterhouses	8,644

Number of Animals Totally Condemned in Private Slaughterhouses.

Cattle	136
Sheep	10
Pigs	Nil

Estimate of Animals Slaughtered in Private Slaughterhouses and Factories.

Cattle	33,514
Sheep and Lambs	128,336
Pigs	96,169

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 130 tons, 7 cwts., 3 qrs., 17 lbs.

Cysticercus Bovis.

Total number of cattle examined	30,915
Total number of cattle affected	72
Percentage affected	.23

Salughter of Animals Act, 1935.

Slaughter licences were issued under the Act to 149 applicants, and the fees received amounted to £37 5s.

Food Complaints.

During the year 31 complaints were made by members of the public concerning food purchased by them in the City. Each complaint was investigated and, where necessary, an examination was made of the food on the vendor's premises.

The following is a list of the various articles submitted for examination showing the number of complaints.

Meat	14
Milk	10
Fish	2
Sausages	1
Fowl	1
Brawn	1
Butter	1
Bread	1

TOTAL WEIGHT OF UNSOUND FOOD FOR THE YEAR.

	Tons	Cwts.	Qrs.	Lbs.
Meat and Organs, Beef Mutton, Pork Bacon	773	2	1	7
Fowl and Game	—	5	—	12
Fish	4	4	2	1
Rabbits	—	—	2	16

INSPECTIONS FOR UNSOUND FOOD.

During the year 688 visits were made to Food Shops.

There were 60 visits to Depots, Cold Stores and Factories. Markets were inspected on 277 occasions.

The number of occasions on which unsound food was reported to the Department and was condemned as a result of visits to depots, etc., was 9.

Meat supplies to Municipal hospitals both inside and outside the City were inspected periodically. Meat supplied to schools under the School Meals Scheme was also periodically inspected.

FOOD HYGIENE REGULATIONS, 1950.

During the year 22 new applications for registration, classified as follows, were received: Beef

Butchers, 4 ; Pork Butchers, 7 ; Beef and Pork Butcher, 1 ; Fish/Poultry/Rabbits, 1 ; Manufacturing and Wholesale, 4 ; Milk Bar, 1 ; Cafe, 1 ; Beer Bottling, 1 ; Bakeries, 2. The premises in each case were inspected, and the applicant was notified of registration, provisional registration or refusal. In addition, premises which were provisionally registered at the close of 1954 were dealt with. The following Table gives the position at the end of the year.

Type of Food Business	Registered	Provisionally Registered	Extended Provisional Registration	Refused	Appeal
Beef Butcher	289	1	2	12	6
Pork Butcher	115	2	2	6	5
Beef and Pork Butcher ...	16	—	—	—	—
Fish, Poultry, Rabbits ...	79	—	1	5	—
Food Manufacturing and Wholesale	36	3	2	6	3
Ice Cream Manufacturing	21	—	—	—	—
Milk Bar	9	—	—	—	—
Fish and Chip Saloon ...	1	—	—	—	—
Total	566	6	7	29	14

Under the Regulations an applicant who is refused registration has the right of appeal to the Minister for Health. At the close of the year, of a total of 29 refusals shown in the Register of Food Premises, 14 cases were under appeal.

During the year five refusal orders were confirmed by the Minister. 14 appeals were allowed on satisfactory completion of the requirements, and the premises were duly registered. In two cases of refusals which were under appeal the applications were withdrawn and the entries were cancelled in the Register of Food Premises.

Under Article 44, Sub-Articles 2 and 3, the names of a total of 14 applicants, who withdrew their applications were cancelled in the Register of Food Premises.

Under Article 44 (1) the registration of 14 applicants who transferred their business was cancelled, and the new proprietors' names were entered in the Register.

Apart from the supervisory visits of Veterinary Inspectors, 11,051 inspections of food premises were made by Health Inspectors during the year.

Diseased and Suspected Animals dealt with in Markets, Lairs, etc., under Food Inspection during the Year 1955.

Animals dealt with		How Carcases were dealt with				Removed outside our Jurisdiction
		Passed	Condemned			
			Total	Partial	Organs only	
Cattle	... 102	22	26	15	19	20
Sheep	... 9	8	1	—	—	—
Pigs	... —	—	—	—	—	—
TOTAL	... 111	30	27	15	19	20

DISEASES OF ANIMALS ACTS.

BOVINE TUBERCULOSIS ORDER :

No. of cows found to be affected with tuberculosis of the udder	4
No. of animals found to be showing definite clinical symptoms of tuberculosis with chronic cough	5
No. of cows with abnormal udders in City Dairy Yards, on samples of milk being bacteriologically examined, found not to be affected with tuberculosis of the udder	93
Total number of animals dealt with	102

Nine animals were found to come within the scope of the Bovine Tuberculosis Order. Seven of these were slaughtered by the owners. The other two were slaughtered by the Local Authority and the agreed valuation of the two animals amounted to £52, and compensation amounting to £30 was paid to the owners.

Routine work was carried out under the following Orders :—

Sheep Scab Order, Anthrax Order, Rabies Order, Parasitic Mange Order, Swine Fever Order, and Foot and Mouth Disease Orders.

The work performed in connection with other Orders under the Diseases of Animals Acts was mainly of a preventative nature.

THE NUMBER OF ANIMALS IN CATTLE MARKET DURING THE YEAR.

Period	Beasts		Calves	Sheep	Pigs
	Fat	Dairy			
March Quarter	59,827	1,837	301	66,562	16,771
June Quarter	36,282	1,332	224	83,997	17,326
September Quarter ...	51,720	2,213	387	101,287	16,943
December Quarter ...	55,549	2,241	320	73,315	16,639
TOTAL	203,378	7,623	1,232	325,161	67,679

SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING THE YEAR 1955.

Period.	Sheep.	Store Cattle.
March Quarter	—	17,645
June Quarter	—	16,482
September Quarter	16,866	14,457
December Quarter	8,750	15,930
TOTALS	25,616	64,514

BACTERIOLOGICAL LABORATORY.

MICROSCOPIC EXAMINATION OF MILK.

SAMPLES OF MILK FROM COWS IN CITY DAIRY YARDS.

Number of examinations	108
Streptococci	45
Diplococci	4
Staphylococci	—
Tubercle Bacilli	2
Other organisms	1
Negative	56

SAMPLES OF SPUTUM.

Number of examinations	Nil

SAMPLES OF MILK OR SECRETION FROM COWS OTHER THAN IN CITY DAIRY YARDS.

Number of examinations	3
Tubercle Bacilli	3
Negative	—

SAMPLES OF SPUTUM.

Number of examinations	Nil

BIOLOGICAL EXAMINATION OF MILK.

GROUP SAMPLES.

Number of examinations	7
Positive	—
Negative	7

DIRECT SAMPLES.

Number of examinations	5
Positive	—
Negative	5

CONTROL SAMPLES TAKEN AT INFANT AID DEPOTS.

Number of examinations	16
Positive	—
Negative	16

CONTROL SAMPLES TAKEN AT HOSPITALS.

Number of examinations	28
Positive	—
Negative	28

MISCELLANEOUS CONTROL SAMPLES.

Number of examinations	85
Positive	—
Negative	85

MICROSCOPIC EXAMINATION.
(GENERAL).

SKIN SCRAPINGS FOR PARASITIC MANGE.

Number of specimens	1
Positive	—
Negative	1

BLOOD FILMS FOR ANTHRAX :

Number of specimens	26
Positive	—
Negative	26

ATTENDANCE ON ANIMALS THE PROPERTY OF THE CORPORATION.

During the year 1955, fifty-eight visits were made by Veterinary Inspectors to Crooksling Sanatorium Farm and the cattle, pigs and horses thereon received Veterinary attention when necessary.

The entire herd was subjected to the single intra-dermal tuberculin test using Weybridge Tuberculin (mammalian only) in March, 1955, and again in October, 1955, and in addition twelve new cows purchased in April and May were re-tested after two months. In accordance with the usual policy any reactors were immediately removed from the herd and slaughtered at the Dublin Corporation Abattoir.

The policy of vaccination with Strain 19 as a preventative measure against Brucellosis was continued. There was only one premature birth during the year and this was found not to be due to Brucellosis.

During the Summer Season, the dry cows were given, at intervals of two weeks, 100,000 units penicillin in a one c.c. base into each quarter, as a preventative against "Summer Mastitis," and it is gratifying again to record that not a single case of the disease was met with during the year.

The number of cattle purchased during the year was fourteen, namely, twelve milch cows, one pure-bred Hereford Bull, and one dairy shorthorn bull calf.

Two bulls, twenty-four cows, and ten heifers were eliminated from the herd during the year.

It is of interest to note that during the year, on making a post-mortem examination on one of the aged eliminated cows which had passed many tuberculin tests, a lesion of tuberculosis was found in a mesenteric gland, and that this lesion was subsequently found on typing to be due to the human strain of the tubercle bacillus.

On 31st December, 1955, the herd numbered 48 cows (forty-eight), 2 bulls (two), 1 bull calf (one), and 1 suck calf (one).

The following Tables give :—

(1) An analysis of the causes of the elimination of animals since the formation of the herd in the month of October, 1926, to the end of 1955, and

(2) A summary of the results of post-mortems on 249 of the 393 eliminated animals during the period.

POST MORTEM EXAMINATIONS HELD ON 249 OF THE 393 ELIMINATED ANIMALS.

	Post Mortem Examinations	Evidence of Tuberculosis Found				No Microscopic lesions of Tuberculosis
		Mesenterics	Bronchial & Mediastinal	Pharyngeal only	Pseudo-Tuberculosis	
Reactors : 71 ...	67	12	27	2	5	21 (In one of these cases Biological proved positive)
Doubtful Reactors : 11	6	1	1	—	—	4
Remaining Eliminated Animals : 290 ...	176	1 Due to Tubercle Bacillus of human type.	2	—	1	172

ELIMINATION OF ANIMALS IN HERD FROM OCTOBER, 1926 TO 31ST DECEMBER, 1955.

Reactors	Doubtful Reactors	Mastitis	Defective Quarters	Sterility	Milk Records	Bulls	Reactors to Agglutination Test	Other Causes	Total
71	11	100	15	35	62	13	7	79	393

SANITARY DEPARTMENT.

STAFF.

The City of Dublin is divided for inspection purposes into 30 Sanitary Districts. Each district is allotted to a District Health Inspector. Each Health Inspector is assigned one of these districts.

There are four Supervising Health Inspectors—Patrick Lee, Laurence Gaffey, George Bowles and James Sweeney.

We have seven Health Inspectors employed in the Housing Department. Their work is supervised by Patrick Toal.

There are two Inspectors on Port Health duties and their work is supervised by Dr. J. Walker, Port Medical Officer.

We have three Inspectors engaged wholetime on Food and Drugs inspections.

In Marrowbone Lane Disinfection Depot, we have a Rodent Control Inspector, a Disinfector and a Superintendent Health Inspector: Mr. William Tannam.

There are two Industrial Hygiene Inspectors.

Our Inspectors are assisted in their office work by a clerical staff of two Clerks and four Clerk-Typists. One Clerk-Typist is engaged wholetime on housing reports, another on food hygiene reports, another on Court work and another on general reports and secretarial work for the Chief Health Inspector.

Our Inspectors have received training in Rodent Control and they have now more responsibility in this connection in their own districts.

PATRICK COEN,

Chief Health Inspector.

GENERAL DISTRICT WORK.

According to the Health (Duties of Officers) Order, 1949, the first duty of a Health Inspector is to inform himself by inspection, both systematically and as occasion may require, of any conditions injurious to health in the area in which he acts, and report thereon to the City Medical Officer. While he works on his own initiative, it can be readily understood that his work is, in the main, the assistance that the Medical Officer of Health of the local authority requires in the exercise of his powers under the Health Acts, the Sanitary Services Acts and the Housing Acts. His duty it is to act as the eyes of the City Medical Officer in the detection of public health nuisances. He inspects cottages, tenements and multiple dwellings as a matter of routine to see that all the canons of Public Health Law, Regulations and Bye-laws are observed and to reduce overcrowding and conditions deleterious to health. He pays regular visits to the dispensary in his district. He inspects factories and workshops. He inspects restaurants, hotels and all food premises, and when necessary, he seizes unfit foodstuffs that are offered for sale. Twice a year he notifies landlords and others of the necessity to limewash yards, passages, shops and such like places to keep them pure and wholesome and free from flies. He permits no accumulations of manure or other noxious deposits that might be regarded as a nuisance. Periodically, he visits burial grounds in his district to ensure that they are being properly maintained. In some burial grounds of the local authority the Health Inspector acts as supervisor and registrar. If a burial ground becomes overcrowded, it is his duty to make a detailed survey for submission to the City Medical Officer with a view to subsequent closure by the Minister for Local Government.

PUBLIC HEALTH NUISANCES.

The Sanitary Department has a complaint-counter over which thousands of complaints are made by the citizens of Dublin, rich and poor alike, each year. These complaints are mainly about nuisances.

The following summary is an indication of the work done in this regard :—

Number of complaints entered in complaint books	4,077
Number of reports of Inspectors about complaints	2,633
Number of verbal notices to abate nuisnaces	5,061
Number of written notices to abate nuisances	4,643
Number of written notices to limewash premises	2,846

Other works done as a result of complaints and as a matter of routine:—

Inspections of tenement houses	24,722
Re-inspections of tenement houses	4,758
Inspections of other houses	11,501
Inspections of offensive trade premises	286
Inspections of factories and Workshops	526
Inspections of Piggeries	1,319

DRAINAGE INSPECTIONS.

Each Inspector now has the opportunity of becoming familiar with drainage inspections as each Inspector in turn takes charge of the Drains Staff and controls and directs the drainage inspections for a week at a time.

Drains examined	1,188
Drains smoke tested	50
Drains water tested	7
Drains tested by flourescene	20
Drains freed	426
Drains repaired	29

Other inspections carried out by our Inspectors were referred to other Departments of the Corporation for attention, such as—

Number of cases of insect infestation referred to our Disinfecting Depot	112

Number of cases of wastage of water reported to Waterworks Department	547
Number of cases of dangerous buildings referred to the City Architect's Department for attention	234

Inspections and work such as that immediately above is reciprocal between our Departments. The City Architect's Department refers matters in the nature of Public Health nuisances to our Department for abatement. The Waterworks Department refer cases to us where there are nuisances arising from the non-use or the misuse of water services. Similarly, there is close liaison between the Disinfecting Depot and our Department, and in this regard a great volume of work is transacted by telephone.

Rebate of Rates.

Under Section 72 of the Local Government (Dublin) Act, 1930, owners of houses of not more than £8 Poor Law Valuation, and which houses are occupied by member of the working classes, secure a rebate of 20 per cent. of their rates on these houses, provided that these houses are certified by the Department of the City Medical Officer to be in good and tenantable repair. The purport of this Section is to encourage owners of this type of property to maintain their houses in good repair throughout the year and from year to year.

In 1955 there were 229 applications made in respect of 2,878 valuations of which 12 were rejected.

Poisons and Pharmacy Act, 1908.

The Regulations made under this Act deal with the granting of licences to persons other than registered pharmaceutical chemists, chemists, druggists or registered druggists, for the sale and storage of poison containing arsenic, tobacco, alkaloids of tobacco which are used exclusively in agriculture or horticulture for the destruction of insects, fungi and bacteria, or as sheep dips, and also as weed killers.

During the year, 30 licences were operative and the licensed premises were subject to periodic inspection to ensure compliance with the Regulations governing the sale and storage of the scheduled poisonous substances.

Female Domestic Servants' Registries.

The Byelaws made under Section 85 of the Public Health Acts (Amendment) Act, 1907, deal with the registration of persons who propose to carry on for the purpose of private gain, the trade or business of keeper of a female domestic servants' registry, and these Bye-laws deal also with the premises in which such trade is, or in which it is proposed to carry on such business. The Bye-laws prescribe Regulations for the proper conduct of the trade or business, having particular regard to the prevention of fraud and immorality. During the year there were 12 female domestic servants' registries in operation, and they were inspected regularly to see if the business of the premises was in accord with the Corporation Bye-laws.

During the year, we dealt with a peculiar case in this connection and as the legal issues involved are of interest to our Inspectors, I deem it advisable to put the case on record in our Annual Report.

In the course of his ordinary inspections, our District Health Inspector discovered that a new Female Domestic Servants' Registry business was being carried on. The man in charge of the business said he was not the owner. We discovered that the owner of this business was an Englishman living in England. We got in touch with the owner who then submitted a proper application form. The advice of the Law Agent was sought in this case as the applicant was resident in England and he advised that because the applicant did not reside in this country, he should be refused.

The manageress appointed by the owner then applied for registration as keeper of a Female Domestic Servants' Registry. This application was also sent to our Law Agent. He referred to Section 85 of the Public Health (Amendment) Act, 1907, and said with further reference to the Bye-laws made under the Enabling Act that " the person registered " should be the person who carries on the business for the purpose of gain. In the circumstances, he was of opinion that the application of the manageress should be refused.

Shortly after this the business ceased.

When the business had ceased, we received a letter from the British Vigilance Association and the National Committee for the Suppression of Traffic in Persons, requiring information regarding the original applicant and seeking knowledge of complaints about the way in which he conducted the business and what his reasons were for discontinuing its operation in Ireland. This letter was answered and this case may now be regarded as closed. All our other Female Domestic Servants Registries are well conducted.

SANITARY PROSECUTIONS.

For failure to comply with notices issued under the Public Health Acts and for failure to comply with Regulations made under these Acts, and as a last resort to obtain the necessary results, prosecutions are issued. The District Health Inspector recommends that the prosecution be issued. The Supervising Health Inspector inspects the premises of the offending party and usually endorses the recommendation for prosecution. Before a prosecution can be issued, the Manager's consent is obtained. Herewith is a summary of the work done throughout the year in this regard :—

Number of summonses issued	364
Summonses Disobedience	26
Summonses Bye-laws	29
Adjourned Summonses brought forward	166
Adjourned Summonses disposed of	87

RESULTS OF PROSECUTIONS.

Orders obtained with costs	163
Orders obtained with penalties and costs	23
Orders obtained with penalties and no costs	7
Orders obtained with no costs	11
Prohibition Orders	1
Summonses abated before hearing	78
Summonses abated before hearing without costs	3
Summonses abated before hearing with penalties and costs	8
Summonses not served	8
Summonses dismissed	5
Summonses struck out	20
Summonses struck out with costs	7
Number of owners fined	24

Total amount of fines imposed £287 17s. 6d.

HOUSING.

Housing (Miscellaneous Provisions) Act, 1931—Section 23 Inquiries.

Number of Section 23 Inquiries held during year	3
Number of premises dealt with at these Inquiries	77
Number of families in these houses	143
Number of persons in these houses	449
Number of demolition orders made	52
Number of closing orders made	5
Number of undertakings accepted	6
Number of cases adjourned	14

Housing (Amendment) Act, 1948—Sections 11 and 12.

Number of premises surveyed and registered to date	6,915
Number of re-inspections of these premises	650
Number of permissions re-issued	300

There are six Health Inspectors engaged wholetime in the Housing Allocations Branch of the Corporation. Of these six, one is engaged full-time on special investigation work covering evictions and inspections in connection with accommodation or evictions under Compulsory Purchase Orders. Another Inspector is employed wholetime on inspections of multiple dwellings, under the 1948 Act. All our Inspectors interview housing applicants at the counter in the Housing Department and these applicants number about 1,000 per week.

Recently our Inspectors in the Housing Department have been called upon to undertake inspections with regard to supplementary grant applications. In these cases it is necessary to inspect the past address as well as the present. Herewith is a summary of the work done by our Housing Inspectors.

Overcrowding Cases inspected	1,005
Sub-Tenancies Cases investigated	300
Reports on cases considered under Section 23 of 1931 Act	387
Reports on cases under Compulsory Purchase Orders	600
Reports on Newly-Weds Cases	275
Reports on Supplementary Grants Cases	648
Reports on Tenant Purchase Cases	550
Reports on Appeals Cases	1,049
Reports on Evictions	150

While the Housing Health Inspector is engaged wholetime on housing, the District Health Inspector investigates many complaints of overcrowding, ill health, insanitary housing conditions and he also does a great deal of work preliminary to an official representation by the City Medical Officer. During the year, the District Health Inspector was also of great help to the Inspectors and Officials engaged in the Housing Survey of the unfit areas in the centre of the City. This survey is to be extended until the housing particulars of the whole City will be collected and the results then published.

INFECTIOUS DISEASES REGULATIONS.

On receipt of a notification of an infectious disease, the City Medical Officer has the case investigated to discover the nature and source of the infections and to take such steps as may be necessary to prevent any further spread of the infectious disease.

The following cases investigated during the year are illustrative of work done by our Inspectors in this regard.

TYPHOID FEVER—1 CASE.

One case of Typhoid was notified during the year. The patient was a nun attached to one of our City Hospitals. Extensive investigations were carried out but the source of origin remained untraced.

PARATYPHOID " B "—1 CASE.

One case of Paratyphoid " B " was notified during the year. The patient was a probationer nurse attached to one of our City Hospitals. The infection was probably a chance one picked up outside the hospital.

ACUTE ANTERIOR POLIOMYELITIS.

During the year under review, 25 cases of Poliomyelitis were confirmed in the City of Dublin. All cases were investigated, but, with the exception of two, all were diffusely distributed and no association was traced between any of them. The two cases referred to were related to each other and had been in contact with each other a great deal. Both patients were visited by a visitor from England.

In investigating cases of Poliomyelitis, enquiries are made in each case regarding movements of the patient, members of the household, visitors, parcels from abroad. Contact with tourists and any recent illness in the household suggestive of abortive cases are investigated. Special reports are submitted to the Department of Health on each case notified.

CEREBRO-SPINAL MENINGITIS—16 CASES.

Sixteen cases of Cerebro-Spinal Meningitis were notified during the year. All were investigated and special reports submitted to the Department of Health. As in previous years, no connection could be found between any of the cases.

HAEMORRHAGIC JAUNDICE (WEIL'S DISEASE)—4 CASES.

Four cases of Weil's Disease were notified during the year 1955. All four cases were investigated and all gave a history of having gone swimming in one or other of our local canals. As it is a well known fact that our City Canals are rat infested, there appears to be no doubt that they got their infection there.

UNDULANT FEVER (BRUCELLOSIS)—2 CASES.

During the year, two cases of Undulant Fever were notified. In one case the source of origin was outside the country.

SALMONELLA—11 CASES.

Eleven cases of Salmonella infection were notified during the year. All were investigated and found to be isolated with no connection with each other. During the year three large outbreaks of food poisoning occurred in three large business firms in the City where they have their own canteens. Dr. Morgan Crowe, Deputy City Medical Officer, investigated these outbreaks, but the source of the infections could not be pinned down to any one article of food. The patients recovered after a short period and very few needed hospital treatment. Specimens of food, blood and faeces obtained from some of the patients were submitted to the City Bacteriologist for examination. All specimens were found to be negative of any Salmonella Infection.

DIPHTHERIA—64 CASES.

During the year 64 cases of Diphtheria were confirmed with 12 deaths. This compares most unfavourably with 1954, when 17 cases were notified with four deaths. The cases were fairly well distributed throughout the City area, but there were two or three pockets of infection in certain parts of the City. It is very significant that of the 64 cases notified, 51 patients were not immunised. All school going contacts are excluded from school for seven days and food handlers for a similar period. Advice is given to all parents of the great necessity of having all children immunised. Leaflets showing the times and locations of our Anti-Diphtheria Clinics are distributed to all parents. By arrangement with the Disinfecting Department, all infective premises are disinfected. Of the 64 cases notified, 16 were pre-school children, 43 school-going children and four adults. The schools affected were as follows :—

Rutland Street School	6	cases
Seville Place	6	,,
North William Street	3	,,
Basin Lane	2	,,
Baggot Street	2	,,
Gardiner Street	2	,,
O'Toole's C.B.S.	2	,,
St. Finbarr's, Cabra	2	,,
Meath St. School	2	,,
Weaver Square	1	case
Warrenmount Convent	1	,,
Leeson Lane School	1	,,
City Quay	1	,,
Christ the King, Cabra	1	,,
Dorset Street School	1	,,
South Gloucester St. School	1	,,
Terenure Road School	1	,,
Coombe Convent	1	,,
Rialto School	1	,,
Francis St. School	1	,,
Marino C.B.S.	1	,,
Chapelizod School	1	,,
Donnycarney C.B.S.	1	,,
School St. School	1	,,
Orthopaedic Hospital	1	,,

The principal areas affected in the City were around Sean McDermott Street and the area around the parish of St. Laurence O'Toole's. In an effort to trace carriers, faucial and nasal swabs were obtained from 135 contacts. One swab was found to be positive and the patient was removed to hospital.

DYSENTERY—41 CASES.

41 cases of Dysentery were notified during 1955, and with the exception of a small outbreak in a City Orphanage, all the cases were isolated with no apparent connection with each other. Where possible, specimens of faeces were obtained from contacts in an effort to find carriers. All specimens were submitted to the City Bacteriologist for examination and were found to be negative.

SCARLET FEVER—397 CASES.

During the year under review 397 cases of Scarlet Fever were notified. All cases were found to be widely scattered throughout the City with no apparent connection with each other. No case or group of cases were traced to any infected milk supply.

FOOD HYGIENE REGULATIONS.

The Food Hygiene Regulations 1950 apply to all food premises where food is manufactured, prepared, stored or exposed for sale for human consumption. All our Inspectors are authorised officers under the Health Act of 1947 for the purpose of enforcing the Food Hygiene Regulations. In particular, we have four Inspectors whose duty it is to sample all classes of food and drugs under the Food and Drugs Acts. As our District Health Inspector is an authorised officer under the Food Hygiene Regulations, he may seize and detain any article of food intended for sale for human consumption which is suspected by him to be diseased, contaminated or otherwise unfit for human consumption.

The District Health Inspector, in his district, pays particular attention to food premises registered under the Food Hygiene Regulations. These premises include hotels, restaurants, ice cream manufacturers, butchers' premises and wholesalers' stores. He regularly inspects other food premises that are not registered as yet, such as grocery shops and public houses. If there are any food stalls or travelling shops in his district, these are also subject to inspection.

During the year there were six major prosecutions under the Food Hygiene Regulations. Most prosecutions result from the continued carrying on of a food business after refusal by the local authority, which refusal had been confirmed by the Minister.

In the course of their inspections of their districts, our District Health Inspectors come across cases of unfit foodstuffs being exposed for sale. If the person in charge of the unfit food surrenders it voluntarily, the Inspector seizes and destroys it and certifies accordingly. In the case of any dispute as to the propriety of this course, the Inspector procures a Court Order authorising the seizure and destruction of the unfit food. Hereunder is a list of foodstuffs seized during the year in this connection :

27 tins peaches.
5 tins pears.
1 tin tomato juice.
2.11/12 doz. table jellies.
11½ lbs. cooked ham.
6 cwt. flour.
3.7/12 doz. jam.
3¾ doz. marmalade.
6.9/12 doz. apple jam.
1.4/12 doz. orange marmalade.
13.9/12 doz. tinned jam.
6.5/12 doz. tinned marmalade.
49 cases (24 tins ea. case) orange juice.
74 cases (6-7 lb. tins ea.) mixed fruit cocktail.
16¾ lbs. pork.

1.1/6 lbs. bacon.
$209\frac{3}{4}$ lbs. margarine.
20 1-lb. pkts. dripping.
30 tins peas.
15 tins milk.
9 tins fruit.
11 tins soup.
10 tins tongue.
21 cartons chocolate
34 cases currants.
5 cwt. gelatine.
4 tins salmon.
1 tin Norwegian kippered herrings.

FOOD PREMISES.

	No. of Plans Lodged	Inspection of Premises	Consultations with Technicians	Rejections	INTERDEPARTMENTAL REPORTS		
					City Architect	E. & T. Planning	Fire Brigade
Canteens and Restaurants ...	22	8	15	—	18	—	—
Meat Products & Canning ...	2	—	—	—	3	—	—
Fish and Poultry	4	1	—	—	1	—	—
Sweet Factories	5	5	7	—	1	—	—
Licensed Premises	7	2	8	—	5	—	—
Hotels ...	5	1	3	—	5	—	—
Bakeries ...	5	3	3	—	4	—	—
Dairies ...	6	—	—	—	6	—	—
General Food Factories ...	3	2	1	—	2	—	—
Mineral Water Factories ...	—	—	—	—	—	—	—
Egg Stores ...	—	—	—	—	—	—	—
Ice Cream Manufacturers ...	3	3	2	—	—	—	—
Green Grocery Shops ...	11	10	7	—	—	—	1
Grocery & Confectionery ...	14	13	12	—	—	—	2

INDUSTRIAL HYGIENE.

	Inspections	Statutory or Verbal Notices
Smoke Emission ...	50	19 verbal and 4 written
Grit Emission ...	19	3 verbal

FOOD AND DRUGS SAMPLING—ANNUAL RETURNS 1955.

Article	No.	Number of Adulterations	Number of Prosecutions	Number of Convictions	Penalties, Etc.
Milk (i)	2,697	34	22	21	£29 fines; £4 4s. Costs; £8 Court Poor Box.
Whiskey* ...	143	13	10	10	£135 fines; £9 4s. costs; £16 Poor Box.
Minced Meat (ii)	30	6	5	5	£8 fine; £3 Court Poor Box.
Ice Cream ...	163	2	2	2	£1 fine; £1 1s. costs; £2 Court Poor Box.
Dripping ...	73	1	1	1	P.O. Act.
Sago	46	2	2	2	£2 fine.
Sausages ...	33	5	Nil	Nil	Traders warned.
Skimmed Milk ...	2	1	Nil	Nil	No legal action.
Extract of Malt and Cod Liver Oil	5	1	Nil	Nil	No legal action.
Sal Volatile ...	2	1	1	1	P.O. Act; £1 1s. Costs.
Sweet Spirit of Nitre	3	1	1	1	P.O. Act; £2 Poor Box.
Buttermilk ...	18	Nil	Nil	Nil	
Cream	5	,,	,,	,,	
Butter	446	,,	,,	,,	
Margarine ...	136	,,	,,	,,	
Cheese	52	,,	,,	,,	
Cookeen ...	39	,,	,,	,,	
Frytex	16	,,	,,	,,	
Cooking Fat ...	7	,,	,,	,,	
Lard	53	,,	,,	,,	
Suet	13	,,	,,	,,	
Black Pudding ...	3	,,	,,	,,	
White Pudding ...	11	,,	,,	,,	
Sausage Meat ...	4	,,	,,	,,	
Brawn	6	,,	,,	,,	
Dates	4	,,	,,	,,	
Rice	120	,,	,,	,,	
Semolina ...	74	,,	,,	,,	
Flour	26	,,	,,	,,	
S.R. Flour ...	24	,,	,,	,,	
Lentils	9	,,	,,	,,	
Bread Soda ...	20	,,	,,	,,	
Tapioca ...	26	,,	,,	,,	
Farex	3	,,	,,	,,	
Cornflour ...	47	,,	,,	,,	
Blancmange ...	1	,,	,,	,,	
Macaroni ...	5	,,	,,	,,	
Farola	55	,,	,,	,,	
Farinoca ...	2	,,	,,	,,	
Tea	17	,,	,,	,,	
Cocoa	7	,,	,,	,,	
Coffee	10	,,	,,	,,	
Coffee and Chicory	4	,,	,,	,,	

Food and Drug Sampling—Continued.

ARTICLE	No.	Number of Adulterations	Number of Prosecutions	Number of Convictions	Penalties, Etc.
Bournvita ...	10	Nil	Nil	Nil	
Drinking Chocolate	11	,,	,,	,,	
Cider	1	,,	,,	,,	
Flake Oatmeal ...	90	,,	,,	,,	
Cake Mixture ...	15	,,	,,	,,	
Horlicks ...	1	,,	,,	,,	
Instant Whip ...	1	,,	,,	,,	
Pearl Barley ...	23	,,	,,	,,	
Wheaten Meal ...	2	,,	,,	,,	
Sugar	15	,,	,,	,,	
Icing Sugar ...	21	,,	,,	,,	
Brown Sugar ...	1	,,	,,	,,	
Castor Sugar ...	8	,,	,,	,,	
Peanuts ...	1	,,	,,	,,	
Glucose ...	20	,,	,,	,,	
Custard Powder ...	7	,,	,,	,,	
Cornflakes ...	3	,,	,,	,,	
Neaves' Food ...	5	,,	,,	,,	
Ovaltine ...	4	,,	,,	,,	
Honey	1	,,	,,	,,	
Baking Powder ...	2	,,	,,	,,	
Pie Filling ...	2	,,	,,	,,	
Sponge Mixture	1	,,	,,	,,	
Solo Orange ...	1	,,	,,	,,	
Almond Oil ...	1	,,	,,	,,	
Prunes	1	,,	,,	,,	
Mince Pies ...	1	,,	,,	,,	
Tripe	1	,,	,,	,,	
Dates	3	,,	,,	,,	
Peas	36	,,	,,	,,	
Fish Cakes ...	1	,,	,,	,,	
Butter Beans ...	1	,,	,,	,,	
Almond Icing ...	1	,,	,,	,,	
Whole Almonds	1	,,	,,	,,	
Ground Almonds	3	,,	,,	,,	
Glace Cherries ...	9	,,	,,	,,	
Rice Crispies ...	1	,,	,,	,,	
Muscatels ...	3	,,	,,	,,	
Candied Peal ...	3	,,	,,	,,	
Potato Crisps ...	1	,,	,,	,,	
Cooking Figs ...	1	,,	,,	,,	
Spaghetti ...	1	,,	,,	,,	
Cocoanut ...	4	,,	,,	,,	
Currants ...	9	,,	,,	,,	
Sultanas ...	18	,,	,,	,,	
Raisins	30	,,	,,	,,	
Mincemeat ...	1	,,	,,	,,	
Sauce	5	,,	,,	,,	
Bisto	5	,,	,,	,,	
Baby Flake Meal	2	,,	,,	,,	
Lemon Curd ...	6	,,	,,	,,	
Pepper	7	,,	,,	,,	
Mustard ...	7	,,	,,	,,	
Vinegar ...	21	,,	,,	,,	

Food and Drug Sampling—Continued.

ARTICLE	No.	Number of Adulterations	Number of Prosecutions	Number of Convictions	Penalties, Etc.
Sweets	55	Nil	Nil	Nil	
Jam	23	,,	,,	,,	
Marmalade ...	11	,,	,,	,,	
Salt	11	,,	,,	,,	
Carrageen Moss ...	1	,,	,,	,,	
Yorkshire Relish...	4	,,	,,	,,	
Apple Juice ...	3	,,	,,	,,	
Luncheon Roll ...	4	,,	,,	,,	
Grape Fruit ...	7	,,	,,	,,	
Stout	3	,,	,,	,,	
Dresso	4	,,	,,	,,	
Sherry Wine ...	1	,,	,,	,,	
Stone Beer ...	3	,,	,,	,,	
Seven-Up ...	1	,,	,,	,,	
Soda Water ...	4	,,	,,	,,	
Wine	4	,,	,,	,,	
Lucozade ...	2	,,	,,	,,	
Orange Squash ...	13	,,	,,	,,	
Orange Flash ...	15	,,	,,	,,	
Lemon Soda ...	10	,,	,,	,,	
Lime Juice ...	10	,,	,,	,,	
Lemonade ...	26	,,	,,	,,	
Ciderette ...	14	,,	,,	,,	
Kola	5	,,	,,	,,	
Cream Soda ...	7	,,	,,	,,	
Raspberry ...	12	,,	,,	,,	
Golden Syrup ...	2	,,	,,	,,	
Epsom Salts ...	1	,,	,,	,,	
Liquid Paraffin ...	25	,,	,,	,,	
Lemon Barley Water	1	,,	,,	,,	
Olive Oil ...	8	,,	,,	,,	
Jaffa Juice ...	1	,,	,,	,,	
Pineapple ...	1	,,	,,	,,	
Ale	1	,,	,,	,,	
Sister Laura's Food	1	,,	,,	,,	
Tincture of Iodine	3	,,	,,	,,	
Camphorated Oil	1	,,	,,	,,	
Linseed Oil ...	1	,,	,,	,,	
Ammoniated Tincture of Quinine	7	,,	,,	,,	
Sol. of Hydrogen Peroxide ...	7	,,	,,	,,	
Rusks	1	,,	,,	,,	
Cod Liver Oil ...	15	,,	,,	,,	
Ricory	1	,,	,,	,,	
Total No. of Samples ...	5,220				

* Obstruction in sale of whiskey: Defendant fined £10. £1 1s. Costs.
Whiskey : 2 cases—no legal action ; 1 case—summons struck out.
(i) **Milk :** 12 cases—no legal action ; 1 dismissal.
(ii) **Minced Meat :** 1 case—no legal action.

INFORMAL SAMPLES.

Article.	No.	Article.	No.
Tin of Tomato Soup	13	Tayto Crisps	1
Condensed Milk	19	Olive Oil	3
Tin of Peas	11	Honey	1
Tinned Beans	11	Brislings	1
Tinned Vegetables	2	Peas	1
Beetroot and Vinegar	4	Tincture of Iodine	6
Fruit Cocktail	2	Liniment of Iodine	2
Tinned Pears	1	Camphorated Oil	1
Tin of Pineapple	1	Sweet Spirit of Nitre	1
Tin of Stewed Steak	1	Liniment of Turpentine	1
Mustard	1	Drywhite	1
Tin of Salmon	1	Tincture of Quinine	3
Tin of Oxtail Soup	8	Stout	1
Milk	16	Treacle	1
Butter	1	Boracic Ointment	3
Ice Cream	11	Sol. of Hydrogen Peroxide	7
Canned Corned Beef	1	Lugol's Solution	1
Salad Cream	3	Calamine Lotion	4
Vinegar	9	Ground Cloves	1
Dessert	1	Zinc Ointment	1
Pickles	2	Sardines	3
Chicken and Ham Paste	4	Piccalilli	1
Mixed Pickles	1	Egg Substitute	1
Salmon and Shrimp Paste	1	Golden Syrup	1
Soup Powder	1	Sandwich Spread	5
Syrup of Figs	2	Baking Powder	2
Pepper	2	Mayonnaise	1
Sardines	1	Gravy Salt	1
Sauce	6	Peaches	1
Cream	2	Paxo	1
Pearl Barley	3	Lemon Curd	1
Coffee and Chicory	2	Easter Egg	1
Nutmeg	1	Mincemeat	1
Spice	3	Jam	9
Sherbet	1	Instant Whip	1
Custard Powder	2	French Mustard	1
Sweets	5	Potato Crisps	1
Marshmallow Cornet	1	Lobster Paste	1
Ice Lollipop	3	Fizz Pops	3
Canned Strawberries	2	D.D.T. Fly Spray	6
Bisto	3	D.D.T. Fly Powder	6
Jelly	1	Ground Ginger	1
Pie Filling	1	Vegetable Soup	1
Cinnamon	1		

TOTAL NUMBER OF INFORMAL SAMPLES TAKEN ... 259

INDUSTRIAL HYGIENE.

We have one inspector engaged wholetime on industrial hygiene. This work concerns mainly the examination of plans of new buildings, the examination of plans for reconstruction of buildings, buildings that contain a fire risk and industrial nuisances.

The number of plans submitted to us this year show an increase over that of last year. The increase is mainly in the case of food shops both as regards reconstruction of old shops and the erection of new shops. The reconstruction in an older shop is generally indicative of a desire on the part of the proprietor to bring the premises into conformity with modern standards of hygiene and sanitation, as required by the Food Hygiene Regulations. The requisitions of the Sanitary Department ensure that the provisions of the Shops (Condition of Employment) Act and the Food Hygiene Regulations will be observed. Ventilation, light, heating, the provision of sanitary amenities and store accommodation receive particular attention from our officers.

It is usual when dealing with plans for industrial premises to include a condition of approval that the fuel to be used and the methods of stoking the boiler will ensure smokeless combustion. Smokeless fuel, be it liquid or solid, is now more readily available and many firms in Dublin, at our instance, have changed over to the use of smokeless fuel.

It has been said that ours is not a smoky city. We have not, as yet, adopted any measures to record or assess smoke pollution of the atmosphere. In this connection, it should be noted that the greater volume of smoke in the atmosphere of our City comes from domestic consumers. We have no legal control over domestic firing.

Two nuisances in this connection deserve particular mention. The one arose from a sawmills and the other from a public hospital. Our efforts for a long period of time met with only partial success.

The sawmills people used wood shavings and sawdust to fire their horizontal boiler. We finally persuaded them to scrap their existing system and instal modern typegrit arrestor, incorporated with the boiler plant, which eliminated the nuisance. We have received no further complaints about this premises and our observations have shown that this type of installation is proving satisfactory.

The public hospital, on the other hand, was firing the boilers with a low grade type of slack and the slow combustion necessitated excessive work on the draught air system employed so that the amount of grit discharged from the chimney assumed large proportions. New methods of firing technique and adjustments to the forced draught system failed to produce any good results. The ultimate solution was a change over to oil burning. We have received no further complaints of this nuisance.

Hereunder is a summary statement of our operations under industrial hygiene for the year :—

	No. of Plans Lodged	Inspection of Premises	Consultations with Technicians	Rejections	Interdepartmental Reports		
					City Architect	E. & T. Planning	Fire Brigade
Factories ...	57	26	40	—	58	1	32
Workshops ...	11	10	9	—	8	—	16
Stores ...	22	11	10	—	26	—	8
Shops ...	133	48	56	2	101	—	2
Offices ...	14	7	9	—	14	—	4
Institutions ...	34	5	27	—	25	—	—
Temp. Buildings	17	—	1	—	10	1	—
Residential Premises ...	26	21	20	4	28	1	1
Other Premises	55	23	20	1	54	11	27

MOSQUITO CONTROL.

HOWTH, SUTTON AND RAHENY.

The above area has, in recent years, until the commencement of our Mosquito Control Campaign, been badly affected, especially along the sea front, by mosquitoes. We received vociferous complaints from sunbathers. It appears that the principal cause of trouble was the low-lying neck of land with its numerous tidal pools between Sutton and Howth.

In 1955 our Anti-Mosquito Measures commenced on the 1st of May and concluded on the last day of September. All affected localities in the above area were treated with larvicide, drip cans and saturated sawdust. Full records are kept of the dates and area treated.

The Larvicide consists of 5 per cent D.D.T. Solution in Kerosene to which is added Dieselite. We have found this mixture effective.

LARVAL MOSQUITO COLLECTION.

Routine dipping for larvae was carried out at the breeding grounds and in a number of cases, eggs, larvae and pupae were found.

ADULT MOSQUITO COLLECTION.

Active adults of Aedes Detritus, Culex Pipiens and Theobaldia Annulata were recorded. These types are vicious biters.

REFUSE DUMP, SUTTON.

This dump received spraying daily, which treatment kept the mosquito nuisance down to a minimum.

THE WEATHER.

The summer weather was very fine, dry and warm. It was conducive to the growth and development of insect life. Nonetheless, the mosquito nuisance in Howth was kept in bounds and very minor and few complaints were received.

SMALL WATERWAYS.

Dublin City is supplied with numerous small waterways. Originally, these waterways supplied a sparkling water to the City. Subsequently, these waterways became sewers and were overbuilt. Because of the advanced rate of the development of the City, these waterways and streams must be further culverted as they are gradually becoming nuisances, as the following reports on the Wad and Nanikin Rivers will show.

THE NANIKIN RIVER.

The Nanikin River has its source at a spring on the lands of "Avenue Farm," Santry Avenue, and flows in a south easterly direction via Beaumount, Artane, Raheny to the sea at St. Anne's Estate, Dollymount.

The stream is unpiped along its upper stretches until it reached Mornington Park, Artane, at which point it is culverted through a newly developed housing estate of Danieli Road, Brookwood Road and Brookwood Avenue, where it emerges to the rere of the houses before it cascades under the railway embankment through a running siphon until it emerges again. The section of the stream between this railway embankment and Ballyhoy Bridge on the Howth Road, Raheny, was unculverted until quite recently, when the housing developer of the adjoining lands was compelled to pipe the stream to within a few feet of the Howth Road. It is then culverted under the roadway and flows in an open channel through St. Anne's Estate to the foreshore at Dollymount.

The fact that this stream is unpiped for the most part and forms a drainage artery of a sizeable catchment area exposes it to pollution from a number of sources. In its course downstream it takes effluent from some manufacturing concerns. Where it flows through flatlands it is overgrown with weeds and scrub, and it becomes obstructed during the summer.

Numerous complaints reached these offices concerning the noxious smell from the stream. Strong representations were made to the Sewers Department which carried out certain alterations in the existing culvert, removed the scrub and foliage for a distance of 100 feet or so from the culvert at Malahide Road. A notice was served to discontinue the polluting of the stream by food waste and improvements have been carried out.

THE WAD RIVER.

This stream rises north-east of Finglas Village, approximately ½ mile east of Jamestown Road, joining Ballymun Road at Clonmel Estate, thence south of Shanowen Road, running north of Larkhill and Swords Road. It runs more or less in a north easterly direction from the Swords Road to Doyle's Bridge on the Beaumount Road, thence through Thorndale, the State Veterinary lands, south of the Artane Industrial School grazing lands to Donnycarney Bridge at Malahide Road, through the Clontarf Golf Course until it reaches the foreshore at Clontarf tiphead.

The stream is culverted from Swords Road to Doyle's Bridge, Beaumount Road, from Malahide Road through the Donnycarney Scheme to Clontarf Golf Course; from Clontarf Railway Station on the Howth Road to the foreshore at Clontarf.

The Wad, which is approximately the same length as the Nanikin, has been culverted much more, and has not been exposed in the same degree to polluting agencies. Action was taken against a food processing business, to cease to pollute the stream, and this has been done. However, in view of the fact that it flows through a flat terrain and the negligence of the various riparian owners to free the banks of the stream from scrub and foliage, it tends to stagnate. Besides, it passes in its main course through two densely populated Corporation housing schemes and a large amount of unauthorised dumping goes on all the time, resulting in ponding and stagnation at different points.

FACTORY AND WORKSHOP ACT, 1951.

Where it appears to an Inspector of Factories that a matter in a factory is remediable by Public Health Law and not under the Factory Act of 1901, he notifies the local authority whose duty it is to remedy the matter. This procedure follows Section 5 of the Act.

In accordance with Part VI of the same Act, firms employing outworkers must keep lists of their outworkers ; such lists to be transmitted to the local authority twice yearly—the first time before the first day of February and the second time before the first day of August. An outworker who is the occupier of a premises injurious to health may thus be prevented from working. An outworker suffering from an infectious disease may also be prevented from carrying on his work.

The City Medical Officer advises the local authority as to the prohibition of homework in a home where there is infectious disease. There are some thirty firms in Dublin employing outworkers. On behalf of the City Medical Officer, the District Health Inspector inspects the place where the home work is being carried on.

PORT HEALTH SERVICE.

1. LEGISLATION RELATING TO THE ADMINISTRATION OF THE PORT HEALTH SERVICE.

(a) The Health Act, 1947.
(b) The Health Act, 1953.
(c) Infectious Diseases Regulations, 1948, and Amendment of 1952.
(d) Infectious Diseases (Shipping) Regulations, 1948.
(e) Food Hygiene Regulations, 1950.
(f) Rats and Mice Destruction Act, 1919.
(g) Foot and Mouth Disease (Disposal of Swill) Order, 1937.
(h) Public Health (Ireland) Act, 1878.
(i) Public Health (Saorstat Eireann) (Preservatives, etc., in Food) Regulations, 1928.
(j) The International Sanitary Regulations, 1951 (World Health Organisation Regulations No. 2).

2. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1955.

(a) Number and register tonnage of vessels which entered the Port of Dublin for trading purposes :—

	Number	Register Tonnage
Foreign-going	958	1,541,849
Coastwise	4,170	2,444,782
Totals	5,128	3,986,631

The above figures were kindly supplied by the Secretary, Dublin Port and Docks Board.

(b) The number of inspections of foreign-going ships was 1,161. This figure includes 122 inspections of foreign-going ships which, at the time of inspection, were engaged in Cross-Channel trading, and 71 inspections of foreign fishing trawlers. The majority of the latter were of French nationality.

(c) Ships came to Dublin from the following foreign ports :—

AMERICAS.

Aruba.

Bahia Blanca.
Bonaventura.
Baltimore.
Boston.
Buenos Aires.

Chicago.
Caibarien
Curacao.
Corpus Christi.
Charleston.
Campbelltown.

Dalhousie

Grenada.
Galveston.
Georgetown.

Houston.
Halifax.

Jacksonville.
Jucaro.

Ketchikan.

Los Angeles.

Montevideo.
Manzanillo.
Miami.
Montreal.
Mobile.

Newport News.
New Orleans.
Newcastle N.B.
New York.
Norfolk.

Port Churchill.
Portland.
Philadelphia.

Punta Cardon.
Port Arthur.
Port of Spain.

Roseau.
Rimouski.
Recife.

Quebec.

St. Thomas.
St. John.
Savannah.

Tunas de Zaza.
Trinidad.
Three Rivers.

Vancouver.
Valparaiso.

Weymouth.
Wilmington.

ASIA AND AUSTRALASIA.

Alleppey.

Bintan.
Belawan.
Bangkok.
Beirut.
Bahrein.

Calcutta.
Chalna.
Chittagong.

Djakarta

Freemantle.

Geelong.

Haifa.
Hong Kong.

Izmir.

Kobe
Kure.

Madras.

Otaru.

Surabaya.

Vizagapatam.

AFRICA.

Alexandria.

Bona.
Beira.

Casablanca.

Degema-Abonnema.
Dar-es-Salaam.

Funchal.

Las Palmas.
Lagos.

Mombasa.
Matadi.

Oran.

Philippville.
Port Harcourt.

Sfax.

Takoradi.
Teneriffe.
Tunis.
Tanga.

Zanzibar.

EUROPE.

Aalborg.
Abo.
Almeria.
Antwerp.
Amsterdam.
Archangel.

Bruges.
Burriana.
Blankaholm.
Barcelona.
Bremen.
Bordeaux.
Bayonne.
Bilbao.

Copenhagen.
Cagliari.
Cadiz.
Constanza.
Concarneau.

Delfzyl.
Dieppe.
Dunkirk.

Etel.
Esbjerg.

Faro.
Frederikshavn.

Gothenburg.
Genoa.
Gamleby.
Groningen.

Hudiksvall.
Hamburg.
Helsingborg.
Hango.
Hamina.
Hernosand.
Helsinki.
Husum.
Huelva.
Heraklion.

Istanbul.

Jacobstad.

Karlskrona.
Kalmar.
Karlshamn.
Kotka.
Koge.
Kemi.

Lorient.
Libourne.
Leixoes.
Le Havre.
Lisbon.
Limassol.

Malaga.
Mantyluoto.
Marseilles.
Middelfart.

Nordfjord.
Norastrom.

Oslo.
Oxelosund.
Odense.
Ostend.
Oporto.
Patras.
Palermo.
Port Jerome.
Pomaron.
Pitea.
Piraeus.

Rouen.
Raumo.
Reykjavik.
Rudkobing.
Rotterdam.

Stugsund.
Sornas.
Skelleftea.
Schiedam.
Sundsvall.
Seville.
Sprangsviken.
Svendborg.
Sluiskil.
St. Nazaire.

Toppila.

Ulvik.

Valencia.
Valkom.
Valdemarsvik.
Villa Real.
Vasklot.

Westervik.
Wasa.
Westman Island.
Yxpila.

NOTE.—Ports in the State, Northern Ireland, Great Britain, The Isle of Man or the Channel Islands are not considered to be foreign ports.

(d) NUMBER OF NAVAL VISITORS ENTERING THE PORT.

	Number	Nationality
	5	French.
	2	American.
	1	Spanish.
Total	8	

(e) NUMBER OF PASSENGER LINERS.

	1	British (anchored in Bay)
	1	Polish (alongside Quay)
	1	Greek (alongside Quay)
Total	3	

3. INFECTED PORTS.

As required by Article 33 of the Infectious Diseases (Shipping) Regulations 1948, the Port Health Office prepares and keeps up to date a list of foreign ports and seaboards which are infected or believed to be infected with any of the quarantinable diseases (that is, plague, cholera, smallpox, typhus, yellow fever and relapsing fever). The information contained in this List of Infected Ports is obtained from three outside sources :—

(a) The Daily Epidemiological Radio Bulletin of the World Health Organisation. This is transmitted daily from Geneva and the message is received by the radio station at Shannon Airport whence it is sent to the receiving station at Dublin Airport.

(b) The Weekly Epidemiological Record of the World Health Organisation. This is published each week at Geneva and is sent by post to the Port Health Office.

(c) The Weekly Record of Quarantinable Diseases which is published by the British Ministry of Health, London, and is sent by post to the Port Health Office.

The up to date information about the infected ports throughout the world is embodied in the List which is prepared at intervals of about a fortnight, and copies of this List are sent to the Officers of Customs and Excise stationed at the Port of Dublin, Howth, Dun Laoghaire and Skerries. Twenty-five copies are sent to the Harbour Master, Dublin Port and Docks Board for distribution to the ships' pilots on duty, and further copies are forwarded to the Customs Officials at Dublin Airport and to the Airport Manager. Any other interested parties (e.g. Ships' Agents) are supplied with copies on request.

Ships coming directly to Dublin from, or calling at infected ports during 1955 numbered 60. These ships were met and boarded on arrival by the Port Medical Officer. No cases of quarantinable disease were encountered. The infected ports from which the above ships departed en route for Dublin were as follows :—

Port.	State.	Disease.
Accra	Gold Coast	Smallpox.
Aden	Aden Colony	Smallpox.
Alexandria	Egypt	Typhus.
Bona	Algeria	Smallpox.
Calcutta	India	Smallpox & Cholera
Chalna	Pakistan	Cholera.
Chittagong	Pakistan	Cholera.
Cochin	India	Smallpox.
Dakar	Senegal	Smallpox
Dar-es-Salaam	Tanganyika	Smallpox.
Degema-Abonema	Nigeria	Smallpox
Istanbul	Turkey	Typhus
Madras	India	Smallpox.
Oran	Algeria	Smallpox & Typhus.
Singapore	Malaya	Typhus
Suez	Egypt	Smallpox.
Tanga	Tanganyika	Smallpox.
Tripoli	Libya	Typhus.
Vizagapatam	India	Smallpox.

SMALLPOX.

On January 7th a telephone message was received from the Department of Health indicating that an outbreak of Smallpox had occurred at the Port of Vannes on the North West Coast of Brittany.

In order to prevent the possible spread of the disease to this country, arrangements were made with the Chief Preventive Officer, Customs and Excise, Boarding Station, North Wall, for the detention of all French trawlers which might call at the Port of Dublin.

It was known that especially during the winter months, fishing trawlers based in small ports on the coast of Brittany frequently made visits to Dublin in order to seek shelter from storms. The Customs Authorities were asked to detain the crews of these trawlers on board their ships until they had been seen and examined by the Port Medical Officer. Similar arrangements were made with the Preventive Officer at Dun Laoghaire, and the Assistant Preventive Officers at Howth and Skerries.

During January and March, 18 French trawlers visited the Port (12 at Howth and 6 at Dublin). A total of 146 crew members were seen and medically examined. There was no evidence of Smallpox.

RODENT CONTROL.

1. In Ships :

Articles 19, 20 and 21 of the Infectious Diseases (Shipping) Regulations 1948, refer to the problem of Rat infestation aboard ships and require certain action to be taken to record the fact that a ship is kept as free from rats as possible. Every ship coming to Dublin from a foreign port must carry on board a valid De-ratting or De-ratting Exemption Certificate. The period of validity of such Certificates is six months. It is part of the duty of a member of the Port Health Service to inspect the De-ratting

Certificate when he first boards a foreign ship. If the Certificate is found to be out of date, the Master of the ship is advised that a full inspection of the ship will be necessary before a new Certificate can be issued. Normally such an inspection is carried out when the holds are empty. The reason for this is that it would not be possible to carry out a proper inspection of the ship and to examine it thoroughly if the holds still contained cargo. With the presence of cargo in the holds, the evidence of rat harbourage might be hidden from view and the usual traces of Rat infestation might not be easily visible. If the inspection shows that the ship is free from rats or that it is maintained in such condition that the number of rodents on board is negligible, a De-ratting Exemption Certificate is then prepared and issued to the Master, but if marked evidence of the presence of rats is discovered, the Master is informed that his ship will require to be fumigated. The ship's Dublin agents are also advised of this fact and arrangements are then made to have the ship fumigated by a commercial fumigation company under direct supervision of the Port Health Service. In Dublin, the fumigant specified for use is always Hydrocyanic Acid Gas, and we do not recognise trapping or poisoning as sufficiently effective in clearing a ship of rats for the purposes of the issue of a De-ratting Certificate. Despite enthusiastic reports about the value of the newer rodenticides (e.g. Sodium Fluoracetate or "1080," Fluoracetamide or "1081," and Warfarin) it is considered that the most thorough eradication of rats from a ship is effected by means of Hydrocyanic Acid Gas. Needless to remark the use of such a deadly gaseous poison means that the work must be in the hands of highly skilled operators. It must be admitted that charges for fumigation carried out in this way may be high, and that to the cost of the actual work must be added the expense arising out of the necessity of having the crew accommodated ashore during the night when fumigation is taking place. Following fumigation the ship is again inspected by Port Health Service officials and if a satisfactory result has been achieved, a new De-ratting Certificate is issued to the Master.

During 1955, Certificates were issued as follows :

De-ratting Certificates	3
Deratting Exemption Certificates	35
Total	38
Fumigations	3

2. **In-Shore Premises.**

The work done by the Rodent Inspector employed by the Dublin Port and Docks Board continued to be satisfactory during the year. Instances of contamination of cargo by rats are now much less common than formerly. This is considered to be due primarily to the systematic poisoning and trapping carried on by the Rodent Inspector, together with the rat proofing of transit sheds and warehouses in the Port area.

Another factor which is believed to have a bearing on this state of affairs is the fact that food importers are now alive to the necessity for the speedy removal from transit sheds of cargoes of foodstuffs which are known to be attractive to Rats. In this regard the Port Health Inspectors play a big part in constantly reminding representatives of food-importers of the urgency of the problem.

The poison used at Dublin Port is Warfarin. This is a synthetic product which when mixed with an appropriate bait (pig meal is most commonly used) and eaten by rats over a period of five to ten days will cause the death of the rats as the result of spontaneous haemorrhages. This poison acts by slowing down the rate of clotting of the blood to such an extent that persistent bleeding occurs without any apparent injury. The important point is that the poison should be taken regularly and not intermittently and it is of interest to record that rats feeding on the poisoned bait do not appear to develop any suspicions about the material. It has been shown experimentally that rats will continue to eat the bait until they die.

Rodents destroyed during the year in Docks, Quays, Wharves and Warehouses.

	Rats Poisoned (Estd.)	Mice Poisoned (Estd.)	Rats Trapped	Mice Trapped
January ...	47	—	—	—
February ...	9	18	1	—
March ...	14	5	2	11
April	20	—	—	3
May	33	18	11	—
June	24	—	—	—
July	13	—	—	—
August ...	18	—	10	—
September ...	10	—	6	—
October ...	35	—	—	—
November ...	18	—	5	—
December ...	17	—	—	—
TOTALS ...	258	41	35	14

NOTE.—It will be seen that the numbers of rodents killed by poisoning are in the form of estimates. This is because the bodies of dead rodents are not recovered in every instance. A return is forwarded each month by the Engineer, Dublin Port and Docks Board, and this gives accurate figures for the amount of poison bait consumed. From these figures an estimate of the total kill is made. It is assumed that 20 rats will have been killed when 100 ounces of poison bait containing Warfarin have been taken. The Warfarin strength in the bait is .025 per cent. For mice it is assumed that 30 have been killed when 100 ounces have been consumed.

Infectious Diseases Regulations 1948.

ARTICLE 20.

This Article requires that rags and used clothing imported from any place outside Great Britain or

Northern Ireland must be disinfected on importation. The goods may be imported only through an approved port (that is Dublin, Cork, Limerick or Waterford). If the rags or old clothing are imported from Great Britain and are not accompanied by a Certificate of prior disinfection signed by the Medical Officer of Health of their place of origin, they must be disinfected on arrival. During the year 307 bales of such materials were disinfected at the Disinfecting Depot, Marrowbone Lane and were then released to the importers.

Food Hygiene Regulations 1950.

(i) Article 18.

" The local Chief Medical Officer or an authorised officer, may at all reasonable times inspect at or in any place in the area in which he acts or in a vehicle, vessel or aircraft in such area, any article of food which is intended for sale for human consumption, or which is being sold for human consumption, or any food animal or food material."

Food Inspected (C=Canned).

During 1955, cargoes of the undermentioned foodstuffs were examined at the Port of Dublin :—

Apples.
Almond Nuts.
Almonds—ground.
Apricots (C.).
Apricot Pulp.
Apricots, dried.
Apple & Blackcurrant Juice.
Anchovy Essence.
Bananas.
Beans.
Baby Food.
Brazil Nuts.
Biscuits.
Bone & Vegetable Broth.
Brisling (C.).
Capsicums.
Cornflakes.
Carraway Seed.
Cornflour.
Currants.
Cheese.
Celery (C.).
Coffee.
Coffee Compound.
Coffee Beans.
Chicory—dried.
Chicory—fresh.
Cocoabeans.
Cocoamass.
Coconuts.
Cocoabutter.
Coconut—desiccated.
Copra.
Cocoa.
Confectionery.
Corn—canned.
Crab (C.).
Cherries.
Chewing Gum.
Cucumber.
Damsons.

Dates.
Dextrose.
Dextrine.
Fruit Salad (C.).
Filberts.
Figs.
Fig Paste.
Farina.
Fat—vegetable.
Fruit, mixed (C.).
Fruit Pulp.
Flour Additive.
Fruit Cocktail.
Grapefruit Juice.
Grapefruit.
Grapefruit (C.).
Gherkins.
Golden Syrup.
Glauber Salts.
Herrings—Pickled.
Herrings—Kippered.
Herrings—Canned.
Herrings in Jars.
Herring—Canned Kippered.
Lard.
Lemons.
Lemon Peel.
Lentils.
Lime Juice.
Loganberry & Apple (C.).
Malted Beverages.
Mergingue Powder.
Margarine.
Meat Juice.
Marmalade.
Mayonnaise.
Milk Powder.
Mint Jelly.
Molasses.
Meat Curing Powder.
Melons.
Muscatels.
Macaroni.
Maize Starch.
Nuts, Mixed.
Oranges (C.)
Orange Juice.
Onions.
Onions—Pickled.
Onion Powder.
Oleo Stearine.
Pomegranates.
Pineapples.
Pineapples (C.).
Pears.
Pears (C.).
Peaches.
Peaches (C.).
Plums.
Peas.
Pepper.
Prawns, preserved.
Prunes.
Peanuts.
Piccalilli.
Peas—split.
Peel, Candied.
Plums (C.).
Pork and Beans.
Rice, Puffed.
Rice.
Rice Flour.
Rusks.
Raisins.
Ravioli.
Rye Flour.
Sultanas.
Sago.
Sago Flour.
Soup, dried.
Coup (C.).
Sild.
Strawberries (C.).
Shrimps (C.).
Salmon (C.)
Sandwich Spread.
Sardines (C.).
Sugar.
Sago Flour.
Sausage Casings.
Salt.
Strawberry Pulp.
Shortening.
Spaghetti.
Treacle.
Tapioca.
Tapioca, flaked.
Tomatoes.
Tomato Juice (C.).
Tomato Puree (C.).
Tomato Soup (C.).
Tuna Fish (C.).
Walnuts.
Walnuts—Pickled.

(ii) SEIZURE AND DESTRUCTION OF UNFIT FOODSTUFFS.

The following items of foodstuffs imported for human consumption were detained for the reasons given below and were subsequently disposed of as indicated.

Item	Amount	Reason for Detention	Disposal
Rice	2 Bags	Contamination by Dust	For animal feeding.
Cocoabeans	147 Bags	Insect Infestation	Re-exported.
Cocoabutter	7 Bales	Contamination by Oil	Re-exported.
Sago	120 Bags	Insect Infestation (superficial).	(1) Fumigation by methyl bromide gas ; (2) All bags brushed and debris burned ; (3) Passed as fit after fumigation.
Sweetened Fat	5 cwts.	Surface covered with dust	(1) Garbled ; (2) Passed as fit after garbling.
Peas	1 ton, 3 cwts. 22 lbs.	Rodent Contamination	For animal feeding.
Peas	6 cwts. 2 qrs. and 18 lbs.	Rodent contamination	For animal feeding.
Soups (in bars)	17½ doz. Bars	Damaged in transit. Wrappings broken and damp.	Destroyed by burning.
Sago	17 lbs.	Rodent Contamination	Destroyed by dumping.
Lima Beans	3 cwts. 5 lbs.	Rodent Contamination	For animal feeding.
Seedless Raisins	7 cwt. 1 qr. 12 lbs.	Growth of Mould	For animal feeding.
Lard	27 Boxes	Development of rancidity	For industrial purposes (Soap making).
Raisins	5 cwt. 2 qrs. 10 lbs.	Mould formation	For animal feeding.
Raisins	8 cwts. 0 qrs. 3 lbs.	Mould formation	For animal feeding.
Baby Food (in biscuits).	27 Cartons	Damaged in Transit	Destroyed by burning.
Sultanas	500 Cartons	Contamination by Calcium Carbonate.	Passed as fit after thorough washing.
Peas (dried)	3 Bags	Rodent Contamination	For animal feeding.
Pears	651 Cans	Damaged in Transit	Destroyed by piercing and burying.
Fruit Cocktail	318 Cans	Damaged in Transit	Destroyed by piercing and burying.
Confectionery	1 (112 lb.) Case	Contaminated by dirt	Destroyed by burning.
Rice Flour	50 tons (500 bags)	Insect Infestation	For animal feeding.
Milk Powder	22 Bags	Contamination by dirt	For animal feeding.
Rice	1 Bag (sweepings)	Contamination by dirt	For animal feeding.
Corn Flour	2 Bags	Damaged by sea water	For animal feeding.
Tapioca	135 Bags	Slight contamination by rodents.	Passed as fit after garbling.
Rice	500 Bags	Insect Infestation	Passed as fit after fumigation (methyl bromide), aspiration and screening.
Dextrose	5 Bags	Rodent contamination	Destroyed by burying.
Raisins	37 lbs.	Mould formation	For animal feeding.
Rice	1 Bag (sweeping)	Contamination by dirt	Destroyed by burying.
Sago	9 Bags	Contamination by rodents	Passed as fit after garbling.

Item	Amount	Reason for Detention	Disposal
Lemon Peel	1 Cask	(1) Contamination by dirt; (2) Mould formation.	Destroyed by burying.
Walnuts	205 Bags	Superficial infestation by insects.	Passed as fit when all bags brushed and debris burned.
Raisins	3 Cartons	Rodent Contamination	For poultry feeding.
Rice	500 Bags (50 tons)	Insect infestation	Passed as fit after fumigation (methyl bromide), screening and aspiration.
Bananas	224 Bundles	General Deterioration	Destroyed by burying.
Pickled Herrings.	5 Cartons	Damage to Containers	Destroyed by burying.
Vegetables in Brine.	1 Barrel	Contents putrid	Destroyed by burying.
Raisins	2 qrs, 18 lbs.	Contamination by rodents	For poultry feeding.
Almonds	400 Bags	Slight insect infestation	Passed as fit after bags brushed and debris burned.
Farina	80 Bags	Insect infestation	For Industrial purposes (jute bag manufacture).
Hazel Nuts	80 Bags	Insect infestation	(1) Fumigated (methyl bromide; (2) Re-exported.
Strawberry Pulp.	4 Casks	Contaminated by dirt	For animal feeding.
Apricot Pulp	10 Cans	Unsealing of cans	Destroyed by burying.
Grapefruit	5 Cans	Unsealing of cans	Destroyed by burying.
Raisins	1 (30 lb.) Carton	Mould formation	Destroyed by burying.
Herrings	355 Cans	Blowing of Cans	Destroyed by burying.
Peas	25 Bags	Damage by sea water	Destroyed by burying.
Peas	38 Bags	Damage by sea water	For animal feeding.
Rice Flour	73 Bags	Damage by sea water	For animal feeding.
Carraway Seed	2 Bags	Damage by sea water	Destroyed by burying.

(iii) ARTICLE 15.

Shipping Companies are still required to give notification of any importation or intended importation of crude Blackstrap Molasses. The Port Health Inspectors also make enquiries on ships and in transit sheds in connection with the importation of this commodity. Where crude Blackstrap Molasses has been imported, we are required to take samples and send them to the City Analyst with a request for an Estimation of the heavy metal content. A copy of the City Analyst's report must be sent to the Department of Health.

During 1955 one sample was taken and reported on as above. This was from the only consignment of the above commodity which came under notice during the year.

FOOT AND MOUTH DISEASE (DISPOSAL OF SWILL) ORDER, 1938.

Under the terms of this Order, garbage from foreign-going ships may not be landed or cast into the waters of the Harbour. In the case of visiting naval vessels, it is the practice to make special arrangements for the removal and destruction of such refuse. The vehicles and containers employed in this work are always disinfected after use.

During the year, the refuse from 8 naval ships, visitors to the Port, was treated as above. In the case of seven naval ships, the transport and containers were supplied by the Department of Defence, and for the remaining vessel a special truck was supplied by the Cleansing Department.

INFECTIOUS DISEASES (AMENDMENT) REGULATIONS, 1952.

These Regulations were made under the 1947 Health Act. They prohibit the importation into the Republic of birds of the parrot species by any person other than the holder of a permit issued by the Minister for Health. An arrangement has been entered into between the Minister and the Royal Zoological Society, Dublin, under which a general import licence has been issued to the Society. The Society is thus empowered to import the birds for private individuals. It is a condition of the grant of this licence that the bird must be collected by the Society at the port of importation and conveyed to the Society's premises.

During 1955, twelve budgerigars were imported without licence through the Port of Dublin. The birds were forfeited by their owners, and were handed over to the Zoological Society. In each case, the budgerigars were collected at the Port by an official of the Society.

INSPECTION OF SHIPS FOR NUISANCES.

During visits to ships in Port, nuisances were frequently noted. In each case verbal notice to have the nuisance abated was given to the Master. The following is a list of the nuisances discovered and abated :—

Dirty Crews' Quarters	14
Dirty Wash Houses and W.C.s	66
Choked W.C.s	12
W.C.s discharging on Quays	8
W.C.s fittings defective	2
Defective Portlight	17
Leaking Deckheads	6
Gear Stored in Crews Quarters	4
Cockroach Infestation	47
Pharaoh's Ant Infestation	2
Flea Infestation	1
Bedbug Infestation	2
Dirty Galleys and Pantrys	15
Defective Bilge Covers	11
Rodent Infestation (Mice)	15
Rodent Infestation (Rats)	8
Black Smoke	2
Defective Ratproofing	14
Rat Harbourage	20
Total Abated	266

I am indebted to the staff of the Dublin Port and Docks Board, the Officers of Customs and Excise and to the staffs of Shipping Companies, Agents and Importers for their collaboration and assistance throughout the year, and I should like to pay tribute to the great help afforded by Miss Geraldine Roche of the National Museum in the work of identifying specimens of insect pests found in imported foodstuffs.

JOHN WALKER,
Port Medical Officer.

CITY BACTERIOLOGICAL LABORATORY.

The following Table shows the number of specimens received from various sources during the year. Many of these specimens required more than one test and the total number of examinations made was 23,958, almost the same as last year.

In addition 4,849 specimens were examined in Crooksling Sanatorium, 6,123 in St. Mary's Chest Hospital, and 1,915 in Rialto Hospital up to the time of the resignation of the technician, Miss Forde, at the beginning of June. From that time on the specimens from Rialto, and subsequently from the James Connolly Memorial Hospital, have been sent here to the main Laboratory.

In St. Mary's there is only one Technician who is able to deal with the preparatory work for about two thirds of the specimens requiring examination and the remainder were sent here up to the beginning of June when Miss Forde resigned. From that time on the overflow has had to be sent to other laboratories as the technician staff here was insufficient to enable us to deal with both it and the Rialto/James Connolly Memorial specimens.

Mr. Downes was appointed in September to replace Miss Forde, but the technician in St. Mary's, Mr. Leonard, then resigned and as the laboratory in the James Connolly Memorial Hospital was not ready, Mr. Downes was transferred to St. Mary's so that the position remained the same as before.

J. H. STRITCH, M.D.,

City Bacteriologist.

Specimens received at Crumlin for Bacteriological examination during the year ended 31st December, 1955.

Ballyowen Sanatorium	3,255
St. Mary's Chest Hospital	1,823
Clonskeagh Fever Hospital	1,962
Rialto and James Connolly Memorial Hospitals	2,686
St. Clare's Hospital	378
Pigeon House Road Sanatorium	144
Crooksling Sanatorium	20
Charles Street Clinic	2,437
Nicholas Street Clinic	1,114
Primary Clinic	13
Crumlin T.B. Clinic	481
B.C.G. Clinic	1
Mass Radiography Centre	82
Public Health Department	1,229
Veterinary Department	5
Sanitary Department	3
Child Welfare Department	1
Private Practitioners	221
TOTAL	15,865

DEPARTMENT OF THE CITY ANALYST.

Analyses and investigations were conducted under the following headings:—

1. The Sale of Food and Drugs Acts.
2. The Public Health Preservatives Regulations, 1928.
3. Food Hygiene Regulations, 1950.
4. In connection with Corporation Supplies.
5. Chemical Control of Sewage Effluent.
6. Medicines for County Homes and Hospitals.
7. Daily control and fortnightly Analyses of the City Water Supply.

8. For other local authorities under the Food and Drugs Acts and Preservatives Regulations.
9. For Public Institutions, Companies and Private Individuals.
10. Port Health Service.

General Statement of work for Dublin Corporation and City of Dublin.

Nature of Article.	Number of Samples.	Department.
Food and Drugs ...	5,479	Public Health.
City Water Supplies ...	72	Engineer's.
Sewage	299	,,
Effluent	299	,,
Sludge	260	,,
Water (Special Samples)	18	,,
Asphalt	1	,,
Lead Alloy Pipe ...	2	,,
Solder	10	,,
Foreign matter from sewer	1	,,
Oily waste from Outfall Works	1	,,
Pickled Herrings ...	1	Port Medical.
Sultanas	1	,,
Dextrin	1	,,
Dental Powder ...	1	,,
Golden Syrup ...	1	,,
Treacle	1	,,
Cornflour	1	,,
Molasses	4	,,
Glacé Cherries ...	1	,,
Peas	1	,,
Coco-butter	1	,,
" Chefaro G "	2	,,
Rice Flour	3	,,
Oxtail Soup	1	Public Health.
Canned Peas	1	,,
Soup	1	,,
Split Peas	1	,,
Jam	1	,,
Mayonnaise	1	,,
Canned Salmon ...	1	,,
Canned Beans ...	2	,,

Nature of Article.	Number of Samples.	Department.
Dripping	1	Public Health
Soap	1	,,
Sausages	1	,,
Vinegar	2	,,
Baby Flakes	1	,,
Cans	11	,,
Green Dyerstuff ...	1	,,
Fizz Pops	1	,,
Waters	3	,,
Tallow	1	,,
Canned Meat	1	,,
Cod Liver Oil ...	1	Maternity and Child Welfare.
Milk Powder	3	,,
Emulsion of Cod Liver Oil	2	,,
Milk	1	School Medical Service.
Milk	1	Abbotstown Sanatorium.
Fuel Oil	1	Ballyowen Sanatorium.
Lard	1	Veterinary Dept.
Water	1	,,

Analyses for Private Individuals, Etc. :—

City of Dublin :—

Private Individuals	483	
Dublin Board of Assistance	134	
Grangegorman Mental Hospital	56	
	673	
Dublin Corporation	6,505	
Grand Total, City of Dublin		7,178

Outside City of Dublin :—

Private Individuals	287	
Local Bodies and Hospitals	8,756	
Total	9,043	9,043
Grand Total for the year		16,221

Comparison of the total samples analysed in 1955 with that of previous years :—

				Total Number from all sources.
1922–1926	(both	inclusive)	....	53,751
1927–1931	,,	,,	....	68,002
1932–1936	,,	,,	....	74,209
1937–1941	,,	,,	....	73,758
1942–1946	,,	,,	....	57,608
1947–1951	,,	,,	....	58,308
1952	....	....	....	13,370
1953	....	....	....	13,547
1954	....	....	....	14,938
1955	....	....	....	16,221

DUBLIN CORPORATION.

Food and Drugs Acts and Preservative Regulations.

Details of articles submitted by the Food and Drugs Inspectors of the Dublin Corporation and analysed under the above headings are set out below :

The total number of articles submitted was 5,479 of which 259 were " informal " samples.

Nature of Article.	Number of Samples.	Number Adulterated.
Milk	2,697	44
Butter	446	—
Margarine	136	—
Rice	120	—
Semolina	74	—
Self Raising Flour	24	—
Lentils	9	—
Flour	26	—
Bread Soda	20	—
Tapioca	26	—
Lard	53	—
Sultanas	18	—
Cocoa	7	—

Nature of Article.	Number of Samples.	Number Adulterated.
Ice Cream	163	2
Tea	17	—
Bourn-Vita	10	—
Cydrax	3	—
Sauce	5	—
Raisins	30	—
Farex	3	—
Black Pudding	2	—
Bisto	5	—
Flake Oatmeal	91	—
Ammoniated Tincture of Quinine	7	1
Cookeen	39	—
Lemon Curd	6	—
Pepper	7	—
Mustard	7	—
Dripping	73	1
White Pudding	11	—
Liquid Paraffin	25	—
Cornflour	47	—
Prunes	1	—
Vinegar	21	—
Currants	9	—
Peas	30	—
Brawn	6	—
Dates	7	—
Macaroni	5	—
Ale	1	—
Cake Mixture	15	—
Coconut	4	—
Coffee	7	—
Frytex	16	—
Suet	13	—
Barley	23	—
Jam	22	—
Sausages	33	5
Farola	55	—
Wheaten Meal	2	—
Cheese	52	—
Minced Meat	30	6
Sago	46	1
Buttermilk	18	—
Sugar	15	—
Stout	3	—
Whiskey	143	13
Orange Squash	17	—

Nature of Article.	Number of Samples.	Number Adulterated.
Glucose	20	—
Olive Oil	8	—
Custard Powder	7	—
Cornflakes	3	—
Cream	5	—
Marmalade	11	—
Salt	11	—
Cod Liver Oil	20	—
Tincture of Iodine	2	—
Neaves Food	5	—
Ovaltine	4	—
Baking Powder	2	—
Pie Filling	2	—
Cooking Fat	7	—
Lemon Soda	8	—
Tawny Wine	2	—
Carrageen Moss	1	—
Lemonade	26	—
Yorkshire Relish	4	—
Candied Peel	3	—
Glacé Cherries	9	—
Tripe	1	—
Muscatels	2	—
Cream Soda	7	—
Almond Icing	1	—
Whole Almonds	1	—
Luncheon Roll	1	—
Hydrogen Peroxide	7	—
Drinking Chocolate	8	—
Marrowfat Peas	7	—
Sal Volatile	2	1
Sweet Spirits of Nitre ...	3	2
Blancmange	1	—
Dresso	3	—
Skim Milk	2	—
Coco-cola	1	—
Sister Laura's Food	1	—
Raspberry	11	—
Grape Fruit	7	—
Soda Water	4	—
Farinoca	2	—
Lucozade	2	—
Sweets	55	—
Pineapple	1	—
Apple Juice	3	—

Nature of Article.	Number of Samples.	Number Adulterated.
Orange Juice Flash ...	5	—
Camphorated Oil	1	—
Linseed Oil	1	—
Oatlets	1	—
Spaghetti	1	—
Pepsi Cola	2	—
Rice Crispies	1	—
Stone Beer	1	—
Potato Crispies	1	—
Ginger Wine	1	—
Fish Cake	1	—
Solo Orange	1	—
Sausage Meat	3	—
Chicory	1	—
Luncheon Sausage	2	—
Honey	1	—
Golden Syrup	2	—
Bramble Jelly	1	—
Butter Beans	1	—
Cidona	2	—
Epsom Salts	1	—
Rusks	1	—
Almond Oil	1	—
Instant Whip	1	—
Candied Peel	3	—
Figs	1	—
Lemon Barley Water ...	1	—
Sherry Wine	1	—
Cider	1	—
Horlicks Malted Milk ...	1	—
Peanuts	1	—
Ginger Beer	2	—
Coffee & Chicory	7	—
Icing Sugar	21	—
Castor Sugar	8	—
Ground Almonds	3	—
Kola	2	—
Orange Flash	3	—
Lemon Soda	8	—
Grape Fruit Crush	5	—
Jaffa Fruit	1	—
Lime Juice	2	—
Minced Meat	1	—
Mince Pie	1	—
Ciderette	9	—

Nature of Article.	Number of Samples.	Number Adulterated.
Brown Sugar	1	—
Extract of Malt & Cod Liver Oil	5	—
Sponge Mixture	1	—
Orange Crush	2	—
7-Up	1	—
Informal Samples.		
Salad Cream	3	—
Vinegar	9	—
Oxtail Soup	6	—
Pickles	3	—
Chicken and Ham Paste ...	4	—
Soup Powder	1	—
Condensed Milk	19	—
Syrup of Figs	2	—
Boric Ointment	3	—
Lugol's Solution	1	—
Olive Oil	3	—
Liniment of Iodine	1	—
Pepper	2	—
Sardines	4	—
Camphorated Oil	1	—
Hydrogen Peroxide	7	2
Ammoniated Tincture of Quinine	1	—
Sauce	6	—
Tincture of Iodine	6	—
Tinned Peas	12	—
Cream	2	—
Milk	16	—
Barley	3	—
Zinc Ointment	1	—
Baking Powder	2	—
Tomato Soup	9	—
Beans	11	—
Nutmeg	1	—
Spice	3	—
Ice Cream	11	—
Glacé Cherries	1	—
Marshmallow Coronet ...	1	—
Fruit Salad	1	—
Ice Lollipops	3	—
Stewed Steak	1	—
Butter Beans	1	—
Bisto	3	—

Nature of Article	Number of Samples	Number Adulterated
Jelly	1	—
Cinnamon	1	—
Mustard	1	—
Sweet Spirits of Nitre ...	1	—
Liniment of Turpentine ...	1	—
Golden Syrup	1	—
Vegetable Soup	2	—
Sandwich Spread	5	—
Tomato Juice	2	—
Tinned Vegetables	1	—
Celery Soup	1	—
Mayonnaise	1	—
Gravy Salt	1	—
Calamine Lotion	4	—
Peaches	1	—
Butter	1	—
Paxo	1	—
Custard Powder	2	—
Lemon Curd	1	—
Easter Egg	1	—
Sweets	5	—
Jam	9	—
Instant Whip	1	—
Corned Beef	1	—
Potato Crisps	1	—
Bloater Paste	1	—
Fizz Pops	3	—
Fruit Cocktail	1	—
Stout	1	—
Egg Substitute	1	—
Pie Filling	1	—
Honey	1	—
Dessert	1	—
Sherbet	1	—
Treacle	1	—
Dry White	1	—
Ground Cloves	1	—
Salmon and Shrimp Paste ...	1	—
Brislings	1	—
Ammoniated Tincture of Iodine	2	—
Beetroot	4	—
Tayto Crisps	1	—
Ground Ginger	1	—
Tin of Strawberries ...	2	—
Kidney Soup	2	—

Nature of Article	Number of Samples.	Number Adulterated.
Tin of Salmon	1	—
Tin of Pineapple	1	—
Piccallilli	1	—
Tin of Pears	1	—
Coffee & Chicory	2	—
Stout	1	—
Mince Meat	1	—
D.D.T. Preparations ...	12	—

MILK.

2,697 samples of milk were submitted during the year in accordance with the provisions of the Sale of Food and Drugs Acts. 44 were found to be adulterated. 23 of the adulterated samples were deficient in milk fat, in varying amounts between 8.33 per cent. and 33.0 per cent., and 11 were deficient in milk-solids other than milk fat in amounts varying between 4.71 per cent. and 21.17 per cent.

MINCED MEAT.

Six samples were found to be preserved with Sulphur Dioxide in amounts varying between 96 and 1,200 parts per million. Minced Meat is not permitted to contain any preservative.

SAUSAGES.

The Public Health (Saorstat Eireann) (Preservatives, etc. in Food) Regulations, 1928, permit sausages and sausage meat to contain Sulphur Dioxide, as a preservative, in amounts not exceeding 450 parts per million. The Regulations also require a declaration to be made in the form of a label or other notice, if the sausages are so preserved.

Five samples of the number submitted were found to contravene the Regulations in as much as they contained Sulphur Dioxide in amounts varying between

99 and 374 parts per million, no declaration of the presence of the preservative having been made.

ICE CREAM.

Of the 163 samples of Ice Cream submitted only 2 failed to satisfy the requirements of the "Food Standards (Ice Cream) Regulations, 1952." One sample was deficient of 30 per cent., and the other of 40 per cent., of the minimum amount of milk-fat prescribed by the Regulations, namely, 5 per cent.

WHISKEY.

143 Samples of Whiskey were received, and of these 13 were found to be adulterated with excess water, which reduced their alcoholic strengths below 25 degrees Under Proof.

According to the requirements of Section 6 of the Sale of Food and Drugs Amendment Act, 1879, whiskey should not be sold at an alcoholic strength below 25 degrees Under Proof, unless notice is given in the form of a label on the bottle, or by notice hung on the premises, or verbally at the time of the sale.

The alcoholic strengths of the 13 samples in question varied between 26·42 degrees and 39·97 degrees Under Proof.

SWEET SPIRITS OF NITRE.

This article is essentially an alcoholic solution of ethyl nitrite. It should contain between 1·25 and 2·5 per cent. W./V. of ethyl nitrite. Two of the 3 samples submitted were found to be deficient of that constituent to the extent of 80·8 per cent. and 74·4 per cent., respectively.

The preparation is unstable and liable to deterioration in certain circumstances.

SAL VOLATILE.

This preparation is also known as Aromatic Spirits of Ammonia. It is essentially an aromatic alcoholic solution of ammonia and ammonium carbonate. It is an official preparation of the British Pharmacopoeia, and is required to contain between 1·12 per cent. and 1·25 per cent. W./V. of free Ammonia, and between 2·76 per cent. and 3·24 per cent. W./V. of Ammonium Carbonate.

One sample of the 2 submitted was found to be deficient of 37·5 per cent. Ammonia and 9.6 per cent. Ammonium Carbonate.

SAGO.

One sample of Sago was found to consist entirely of potato starch. Sago is the prepared starch obtained from the pith of the sago palm.

EXTRACT OF MALT WITH COD LIVER OIL.

One sample was found to be deficient of 11 per cent. of the protein which it should contain. Extract of Malt with Cod Liver Oil should be compounded with 10 parts by weight of Cod Liver Oil B.P. and 90 parts by weight of Extract of Malt B.P. As Extract of Malt B.P. is required to contain not less than 4.0 per cent. protein, the compounded article should contain not less than 3·6 per cent. protein.

The sample in question contained only 3·2 per cent. protein.

DRIPPING.

Of the 73 samples submitted one was found to contain 4·1 per cent. water, which is 3·1 per cent. in excess of the amount considered to be permissible in dripping, lard and other cooking fats.

HYDROGEN PEROXIDE.

The B.P. requires this article to contain between 5 and 7 per cent. W./V. of Hydrogen Peroxide (H_2O_2) which is equivalent to 20 times its volume of available oxygen. Two of the 7 informal samples submitted were found to be deficient in strength, one to the extent of 84.4 per cent. and the second 72 per cent. of the minimum amount of (H_2O_2) which they should contain.

D.D.T. PREPARATIONS.

The samples of D.D.T. preparations were analysed for their content of D.D.T. One consisted of the D.D.T. Solution distributed by the Disinfecting Department, the remaining samples being proprietary brands on sale in the City, either in powder or liquid form.

The content of D.D.T. varied between 2.6 per cent. and 10·6 per cent. The sample distributed by the Disinfecting Department contained 8·9 per cent.

Engineer's Department.

A total of 963 samples were received during the year from the various sections of this Department. Of that number 72 were samples of water in connection with the control of the City Water Supplies, that is to say, samples of the finished waters delivered to the consumer, from the three sources supplying the City, namely, Vartry, Bohernabreena and Liffey.

In connection with the routine chemical control of the Sewage Disposal Plant, 299 samples of Sewage, 299 of Effluent and 260 of Sludge were examined.

The specimens of lead piping were analysed for their tin content, and the specimens of solder for tin and antimony. The sample of lead proved to be 99·91 per cent. One sample of water was submitted in connection with a complaint that it contained live insects. The sample was found to contain 4 fresh water crustaceans, which are normal to the City Supply, at certain times of the year. There was also present a worm like organism, the exact nature of which could not be ascertained. It may have gained access to the supply from a hydrant.

The specimen of asphalt block was examined for its bitumen content.

The " foreign matter from Sewer " was found to contain cresote oil in which sewage solids were entangled. It was thought advisable not to allow this material to enter the sewers on account of its sticky heavy nature and the possibility of it entangling sewage solids and causing silting in the sewer, and creating pumping difficulties.

Public Health Department (Sanitary and Medical Officer).

A number of samples received from this Department had reference to complaints that the articles were contaminated, or contained foreign bodies, and had caused illness. In some cases the samples were found to be in sound condition and no evidence was found to substantiate the claims made.

Objects like worms in appearance were stated to have been found in soup. On examination they proved to be fragments of sinew from oxtail. In a second case of " foreign bodies " in soup, it was found that the particles complained of were small masses of gelatinised pea starch.

The portion of a can of salmon was thought to contain particles of glass. They proved not to be glass, however, but crystals of phosphates. It is not unusual to find such crystals in certain types of canned fish. A can of beans was found to be extensively corroded on the inside, and the contents to contain 1·4 grains of tin per pound. This quantity, however, is below the amount suggested by the Local Government Board in 1908, as a safe limit, namely, 2 grains per lb.

In one bottle of Malt Vinegar the foreign body complained of proved to be a zoogloeal formation called MOTHER OF VINEGAR. Its growth is promoted in vinegar by the presence of a limited supply of air. If the cork in a bottle of vinegar is loose or faulty, so that a trace of air gains access to the vinegar, the "MOTHER" forms in the neck as a succession of gelatinous wads, and thus may build up to form a shiny rod-like object having a diameter equal to that of the neck of the bottle.

The sample of baby flakes was submitted with a complaint that it contained worms. The sample was found to be affected to a slight extent by moth infestation, but no larvae were found. It is probable that the worms referred to by complainant were moth larvae.

Veterinary Department.

The sample of lard received from this Department proved to be genuine, but to be in a rancid condition, and to have an excessive acidity. Expressed as Oleic Acid the acidity proved to be 6·1 per cent., or 4·1 per cent. in excess of the normal amount.

Port Medical Authority—Food Hygiene Regulations, 1952.

Nineteen samples were submitted from this Authority, taken from consignments on importation. The samples of molasses, treacle and golden syrup were examined for the metallic contaminants lead, copper and arsenic. The quantity of copper found varied from 15 in the golden syrup to 60 parts per million in one sample of molasses. The content of lead varied between 0·8 to 3·0 parts per million, whilst all samples were free from arsenic.

The sample of "CHEFARO, G." was thought to have been damaged by sea-water. Although the sample was damp and caked in parts, no evidence of sea-water damage could be found. On the other hand there was ample evidence that the sample of cornflour had been damaged by sea-water. It contained 22 per cent. moisture, which is about twice the normal, and also an appreciable amount of chloride and sulphate. The sample was badly effected with mould.

The sample of rice flour contained numerous insect fragments. The sample of sultanas contained a white deposit, which it was thought, might be dangerous. It proved to be chalk, however, and was readily detached from the fruit by washing with water.

Child Welfare Centre.

Two samples of Full Cream Milk Powder were not satisfactory. Their moisture contents were excessive, being 6.95 per cent. and 7.40 per cent., respectively, and both samples had a stale flavour. The moisture content of this article should not exceed 3 per cent.

St. Mary's Chest Hospital.

The sample of sausages received from this Institution was found to have a meat content of 45.0 per cent.

Analyses for other Public Bodies, Private Individuals, etc.

The total number of articles received from all sources, under the above headings during the year was 9,716.

The fees for analyses received in the same period amounted to £6,045 17s. This sum was lodged to the credit of the Corporation in accordance with the terms of my appointment.

The following Table compares the number of samples analysed under the above heading, and the fees received, with those in previous years :—

Year.		No. of Samples.	Fees. £	s.	d.
1922–1926	....	53,751	6,668	18	1
1927–1931	....	45,094	10,011	11	4
1932–1936	....	50,230	9,033	18	5
1937–1941	....	48,681	10,611	5	6
1942–1946	....	38,288	10,926	4	5
1947–1951	....	39,165	22,972	5	9
1952	....	8,674	6,059	15	6
1953	....	8,404	5,674	13	0
1954	....	8,474	6,084	6	4
1955	....	9,716	6,045	17	0

Metallic Contaminants in Food.

Of the informal samples submitted during the year the following samples were analysed specially for their content of arsenic, tin, copper, zinc and lead. This work was done in accordance with instructions received in a circular letter of 14/11/55 from the Department of Health :—

Tin of Strawberries	2	Tin of Peas	2
,, Cream of Tomato Soup	1	Mixed Pickles	1
,, Full Cream Milk	1	Raspberry Jam	1
,, Kidney Soup	2	Piccalilli	1
,, Sardines	3	Tomato Juice	1
,, Beetroot	1	Fruit Cocktail	1
,, Salmon	1	Coffee & Chicory	2
,, Pineapple	1	Vinegar	1
,, Pears	1	Sandwich Spread	1
		Vegetable Soup	1

The results were expressed in parts per million and varied within the following limits :—

Arsenic, 0–0·5 ; Tin, 0–119 ; Copper, 0–5 ;
Zinc, 0–20 ; Lead, 0–2.

In conclusion I wish to express my appreciation of the loyal and capable manner in which the members of my staff carried out their duties.

B. G. FAGAN,

City Analyst.

BLIND PERSONS ACT, 1920.

SCHEME FOR THE WELFARE OF THE BLIND.

NUMBER ASSISTED IN THEIR OWN HOMES:

Single or Widowed Persons:	
Males	221
Females	486
Number of married blind men	190
Number of married blind women	32
	929

NUMBER MAINTAINED IN INSTITUTIONS:

Males	66
Females	60
Total	126
Grand Total	1,055

PAYMENTS IN CONNECTION WITH THE SCHEME:

Allowances to Blind Persons in their own homes	£48,850
Payments to Institutions	4,650
Total	£53,500

PUBLIC CLEANSING.

The Public Cleansing Services comprise three important functions, namely :—

1. Street Cleansing,
2. Collection of refuse.
3. Disposal of refuse.

The Cleansing Department is responsible for the cleansing of all the streets—approximately 530 miles —road gullies and catchpits within the City boundary and the periodic emptying of ashbins and the disposal of the refuse collected therefrom.

STREET CLEANSING.

All the streets are swept weekly, twice weekly, or thrice weekly, depending upon their location. The principal streets and streets in congested areas receive daily attention. Patrols are daily employed collecting and disposing of litter from the main thoroughfares.

Petrol-driven vacuum gully emptying machines are utilised for emptying the catchpits connected with the road gullies. Petrol-driven washing and sweeping machines patrol the main streets at night-time.

There has been a noticeable increase in the amount of litter on the streets, and it has been necessary to increase patrols before and after the usual hours to deal with this problem. The number of litter receptacles provided throughout the City areas has also been increased, and these receptacles are emptied by the street patrols.

For the year ended December, 1955, 21,000 tons of street sweepings were collected and disposed of at the various disposal grounds.

On Sundays a limited staff is engaged on street cleansing work.

BEACHES.

Special attention is paid to the beaches surrounding the City. These are cleaned regularly during the summer months and the debris is removed to the various tipheads.

REFUSE COLLECTION.

Domestic refuse collections are made thrice weekly in the centre City area, twice weekly in certain adjoining areas, and once weekly in residential areas.

Petrol and diesel-driven refuse collection vehicles varying in capacity from 15 cwt. to 5 tons, and fitted with hydraulic tipping gear, and with sliding covers to prevent scattering of contents (in the central City area dustless barrier-type collection vehicles are used) are utilised for the collection of domestic and street refuse, etc.

For the year ended December, 1955, the total quantity of domestic and trade refuse collected was 170,000 tons, equivalent to an average yield of 15.9 cwt. per thousand of population per day. 166,000 tons were disposed of on the various disposal grounds, principally at Clontarf (foreshore reclamation), on the North side of the City, and Irishtown (foreshore reclamation), and Sundrive Park (disused and pumped out quarry) on the South side. 4,000 tons were consumed at the Stanley Street Destructor. In addition, the traders themselves transported 59,000 tons of refuse to the various tipheads.

PUBLIC CONVENIENCES.

There are 20 dual, 2 ladies and 11 gents public conveniences, and 26 urinals in the City which are washed and cleansed daily.

SCHOOL MEALS.

During the year 7,330,067 meals were provided, of which 159,815 were cooked. The total shows a decrease on the number provided in the previous year mainly due to snowfalls in February and elections in June, 1955.

The cooked meal consists of:—

Soups, with bread.
Stews—beef or mutton with vegetables.
Mashed potatoes.
Rice or other puddings.
Cocoa.
Sausage and mash.

The uncooked meal consists of:—

Third-pint milk with, on different days, sandwich of meat, or cheese or jam, or fruit bun.

There is no caterer for cooked meals.

The caterer for Sandwiches is Messrs. T. J. Lawlor & Co., Naas, Co. Kildare.

The milk supplier is Messrs. Dublin Dairies, Ltd., Crumlin.

EMERGENCY MEALS.

During the year 2,140,964 meals were provided in 22 Centres at a cost of £25,706. The following Centres are now closed:—Holy Child, Glenshesk Road; Matt Talbot, Townsend Street; St. Paul's, Queen Street. The Centre at East Wall Road was transferred, in September, 1955, to the new Centre at St. Mary's Road.

Emergency meals are provided to " all those who during present (1941) conditions find themselves as a result of the economic situation in such a position that they are unable to obtain adequate supplies of foodstuffs and fuel to prepare their daily meals."

The meals would be available to all sections of the community, payment required from those able to do so.

A. E. MURPHY.

EMERGENCY MEALS FOOD CENTRES.

St. Agatha's, North Clarence Street.
St. Agnes, Crumlin.
St. Anthony's, Seville Place.
St. Brigid's, Holles Row.
Christ the King, Fassaugh Avenue.
St. Joseph's, Brickfield Lane.
St. Joseph's, St. Mary's Road.
St. Joseph's, Cumberland Street.
Sisters of Charity, Lakelands.
Lourdes House, Buckingham Street.
St. Martin's, Upper Gardiner Street.
St. Mary Magdalen's, Donnybrook.
Mater Dei, North Brunswick Street.
Mount St. Anne's, Milltown.
Our Lady of the Assumption, Ballyfermot.
Our Lady of Good Counsel, Mourne Road.
Our Lady of Mount Carmel, Longford Lane.
Our Lady's Mount, Harold's Cross.
Our Lady of the Rosary, Goldenbridge.
St. Vincent's, Henrietta Lane.

WATER SUPPLY.

Report by E. J. Bourke, M.E., B.Sc.,

City Engineer.

The domestic water supplied to the City is from three sources: The River Vartry, the River Liffey, and the Bohernabreena headworks. All have upland catchment areas with large storage reservoirs. The Vartry and Bohernabreena supplies are purified initially using slow sand filters. Subsequently the Vartry water is chlorinated at both Roundwood and Stillorgan, and the water from Bohernabreena is dosed with chloramine at Ballyboden. Water from the River Liffey is purified by chemical precipitation, using rapid gravity filters. It is subsequently dosed with chloramine.

The Howth area is supplied partly by Vartry water and when necessary from a small local reservoir at Balkill. The water from this latter source is treated by slow sand filters and by chlorination before distribution. This supply has not been used in the past year.

Fortnightly chemical and weekly bacteriological tests are made of **all** the filtered water; and tests of the raw water and of water at intermediate stages of purification are also made regularly.

Throughout the year the chemical analyses showed only those seasonal changes which have been known to occur over a long number of years.

The average daily consumption of water at present is 36 million gallons, of which approximately 16 millions are drawn from the River Liffey, 3 millions from the Bohernabreena Catchment and 17 millions from the Vartry.

Automatic Chlorine Residual Recorders installed at Callowhill Tank, Ballymore-Eustace and Ballyboden, are working satisfactorily.

BATHS AND WASH-HOUSES.

	Tara Street Baths.	Iveagh Baths.
Swimmers (exclusive of Clubs)	99,123	29,396
Reclining Baths	31,541	1,264
Wash-house	15,685	—
	146,349	30,660

During the year a total of 85 Swimming Clubs, Schools and Colleges, were granted exclusive bookings.

DISINFECTING DEPOT.

SUMMARY OF RODENT CONTROL.

Complaints and Requests Received	....	494
Surveys Made	....	1,251
Rats Killed—	Overground	5,714
	Sewers (North)	10,695
	Sewers (South)	9,730

Premises Treated :

Corporation Property	461
Institutions, Business Premises, and Private Property	134
Commercial and Occupied Treated	135

STATEMENT SHOWING WORK PERFORMED BY DISINFECTING BRANCH.

Dwellings Disinfected.	Rooms Disinfected.	Removals of Clothing.	Disinfections after Pthisis.	Persons using Baths in Depot.
1,440	3,118	1,179	1,478	142

TOTAL NUMBER OF DWELLINGS VISITED—5,452.

Number of Rooms Infested with and Treated for		Number of Beds Infested with and Treated for	
Bugs and Other Insects	958	Bugs and Other Insects	740
Fleas and Other Insects	2,469	Fleas and Other Insects	8,227
Flies and Other Insects	11,193	Lice and Other Insects	421
Other Insects ...	198	Other Insects ...	—
TOTAL ...	14,818	TOTAL ...	9,388
Two Persons Treated for Head Lice.			

OTHER WORKS INCLUDED :

The disinfection by spraying with D.D.T. of the following :—

691 Pig Styes. 210 Manure Dumps. 65 Stables.

Bethany Home in its entirety (once).
Vergemount in its entirety (three times).
Cappagh Hospital in its entirety (once).
St. Ultan's Hospital in its entirety (once).
St. Mary's Chest Hospital in its entirety (once).
Coombe Neo Natal in its entirety (three times).
Morning Star Hostel in its entirety (twice).
Temple Street Hospital in its entirety (once).
St. Clare's Hospital, in its entirety (six times).
Rialto Hospital, in its entirety (once).
Regina Coeli Hostel, in its entirety (twice).
Lodging Houses (Common), in their entirety—15.
Royal Victoria Eye & Ear Hospital—Kitchens only (3 times).
Trinity College—Kitchens only (once).
Mater Hospital—Kitchens only (once).

TIPHEADS SIMILARLY TREATED :

Twice weekly during Summer Months.

Clontarf ; Irishtown ; Sutton ; Clogher Road ; Cappagh.

W. J. TANNAM,
Superintendent.